



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** 400 Special Category/Program of All Inclusive Care for the Elderly (PACE)

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

PACE is a fully capitated comprehensive medical care program for frail elderly greater than 55 years old and clinically eligible for nursing home long term placement.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Elder Affairs

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

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
6,571,000		6,571,000

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

Type	Amount	Percent
Federal	4,008,310	30.5%
State (excluding the amount of this request)	2,562,000	19.5%
Local	0	0.0%
Other	0	0.0%
TOTAL	6,570,310	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 13,141,310

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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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:	47,718,123		47,718,123

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

Yes

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

\$3,285,500 in order to allow 100 slots in our future annual growth in recurring funding.

11. Program Performance:

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

FPC will hit slot capacity of 825 in January 2019. The additional funds will allow us to open our 5th PACE Site location to grow the PACE Program in Miami-Dade and Broward Counties to meet frail elderly service demand.

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

FPC provides adult day care, transportation, pharmacy, hospital, nursing home, and physician coverage to all PACE Participants with no deductible, co-pay or out of pocket expenses for our Participants.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	President & Vice President	133,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Business Office and Enrollment	446,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Expense, equipment, travel and supplies	67,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	HR/IT/Accounting/Marketing/Insurance	1,664,000



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Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Clinical Staff	2,330,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Participant Transportation	200,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Health Care Service Expenditures	1,731,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		6,571,000

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

All Inclusive Health Care Services for our Participants.

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

Individuals greater than 55 years and older, and clinically eligible for nursing home long term placement. We currently have more than 7,000 eligible individuals in our service area. With the additional slot funding, we will be able to enroll and serve more than 1,000 of those individuals by June 2020.

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

FPC maintains its Participants in the community. Our utilization rate of Participants living in NH LTC is 1.6% of our current PACE population (708). In the State of Florida, 45% of nursing home eligible individuals reside in NH LTC paid for by Medicaid.

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?

To date, DOEA/AHCA have not issued any penalty clauses for FPC. We are willing to discuss parameters that may result for failing to meet agreed-upon specific performance measures.

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:** Cliff Bauer
- b. **Organization:** Florida PACE Centers, Inc.
- c. **Email:** cbauer@miamijewishhealth.org
- d. **Phone Number:** (305)762-1380



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14. Recipient Contact Information:

a. Organization: Florida PACE Centers, Inc.

b. County: Miami-Dade

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: Cliff Bauer

e. E-mail Address: cbauer@miamijewishhealth.org

f. Phone Number: (305)762-1380

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

a. Name: Kelly Mallette

b. Firm: Ronald L. Book, P.A.

c. Email: kelly@rlbookpa.com

d. Phone Number: (850)224-3427