



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2582

1. Title of Project: Miami Jewish Health System / Florida PACE Centers - Rate Hold Harmless

2. Senate Sponsor: Anitere Flores

3. Date of Submission: 03/18/2019

4. Project/Program Description:

Funds will provide relief from a significant rate shortfall for the Miami Jewish Health System/Florida PACE Centers that occurred as a result of changes to the rate methodology made by the Agency for Health Care Administration (AHCA) for 2019 rates.

5. State Agency to receive requested funds : Agency for Health Care Administration

State Agency Contacted? Yes

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

Type of Funding	Amount
Operations	5,294,040
Fixed Capital Outlay	
Total State Funds Requested	5,294,040

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)	5,294,040	100.00%
Federal	0	0.00%
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	5,294,040	100.0%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19	62,045,114		220	No

9. Is future-year funding likely to be requested? No

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	President/VP Operations Staff	15,000
Other Salary and Benefits	Intake, enrollment, and claims adjudication staff	70,000



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2582

Expense/Equipment/Travel/Supplies/Other	Miscellaneous travel, education, supplies	45,000
Consultants/Contracted Services/Study	Corporate overhead services at Miami Jewish Health to include HIM, IT, HR, Risk, and finance and accounting.	265,000
Operational Costs:		
Salary and Benefits	All MD, RN, PT, PT, MSW, and CNA.	1,122,000
Expense/Equipment/Travel/Supplies/Other	Rent, utilities, etc.	300,000
Consultants/Contracted Services/Study	Purchased medical services for participants.	3,477,040
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		5,294,040

11. Program Performance:

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

To allow Florida PACE Centers (FPC) to maintain operations in Miami-Dade and Broward Counties for all 838 participants, recognizing Medicaid funds will be decreased by almost \$500,000 per month in January 2019. FPC operates on a July 1 - June 30 fiscal year calendar.

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

PACE is the Program for All-inclusive Care for the Elderly.

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

Complete, comprehensive, and fully capitated Medical and home care services for frail elderly.

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

As of December 31, 2018, the AHCA estimates there are more than 33,500 PACE eligible individuals living within FPC's Service Area boundaries.

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

Continued reduction in hospitalization and institutionalization of PACE Participants.

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?

The state could deny additional nonrecurring funds or reduce funding to recurring operations.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2582

- b. Organization:** Florida PACE Centers, Inc.
- c. E-mail Address:** CBauer@miamijewishhealth.org
- d. Phone Number:** (305)762-1380

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. Lobbyist Contact Information

- a. Name:** Kelly Mallette
- b. Firm Name:** Ronald L. Book, P.A.
- c. E-mail Address:** Kelly@RLBookPA.com
- d. Phone Number:** (850)224-3427