



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Suncoast PACE - Medicaid Slots

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

Suncoast PACE - The Suncoast PACE program is a Medicare/Medicaid approved health plan and medical program. Suncoast PACE (Program of All-inclusive Care for the Elderly) is a member of Empath Health. 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, dental care as well as therapy to maintain and restore function and mobility to participants.

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
688,423		688,423

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

Type	Amount	Percent
Federal	1,105,278	61.6%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	1,105,278	61.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,793,701

9. **Previous Year Funding Details:**



The Florida Senate

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- 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) 1
- c. What is the most recent fiscal year the project was funded? 2016-17
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. 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

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

Yes; Ongoing funding would be required to maintain the program and additional appropriations would be needed should the program continue to grow to serve the needs of frail elders in Pinellas County.

11. Program Performance:

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

Funding 60 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.



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c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	Hiring of additional staff-CNAs, RN, LPN, SW	390,000
<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.	298,423
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		688,423

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

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.

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

The frail elderly population of Pinellas County.

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



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Local Funding Initiative Request - Fiscal Year 2018-2019

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.

- 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?**

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. **Email:** JenniferKaminsky@EmpathHealth.org
- d. **Phone Number:** (727)289-0062

- 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
- e. **E-mail Address:** JenniferKaminsky@EmpathHealth.org
- f. **Phone Number:** (727)289-0062

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

- a. **Name:** Patrick Bell
- b. **Firm:** Capitol Solutions
- c. **Email:** PBell@capitolsolutions.biz
- d. **Phone Number:** (850)544-0784