



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2389

1. **Project Title** Miami Jewish Health System WRAP Payment for Florida PACE Centers

2. **Senate Sponsor** Anitere Flores

3. **Date of Request** 01/22/2020

4. **Project/Program Description**

This bill provides \$7,557,483, as a one-time Medicaid wrap payment to the Miami Jewish Health System's Program of All-Inclusive Care for the Elderly ("PACE") program for a recent rate reduction sustained due to changes in the rate formula made by the Agency for Health Care Administration. The PACE program is a holistic, social model of client care that utilizes a team approach to keep participants living well, safely, and independently at home rather than in a nursing home. PACE is a fully capitated risk bearing model of care for frail seniors incorporating all aspects of their care- medical, dental, social, specialists, pharmaceutical, hospital, nursing home, hospice, and more. PACE is for people 55 or older that are assessed for nursing-home level care, and can be utilized by Medicaid, Medicare or dually eligible clients.

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

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	7,557,483
Fixed Capital Outlay	000
Total State Funds Requested	7,557,483

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	7557483	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	7,557,483	100 %

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2389

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	Administrative management and business office personnel, includes executive director	156,120
Expense/Equipment/Travel/Supplies/Other	Rent for four adult day care centers, supplies and insurance	807,737
Consultants/Contracted Services/Study	Corporate overhead expense for parent organization to cover accounting, finance, HR and allocation for other corporate executive functions	520,400
Operational Costs: Other		
Salary and Benefits	Physicians, nurses, social workers, physical and occupational therapists, CNAs operating four adult day care centers	1,436,379
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Purchased services for all participants health care needs including physician, hospital, long term care, SNF, medication, home health	4,636,847
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		7,557,483



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2389

11. Program Performance

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

Funds requested will provide a one-time wrap payment for a significant rate shortfall/decrease in the Medicaid dual eligible rate for Miami Jewish Health System/Florida PACE Centers that occurred as a result of changes made by the AHCA to the rate methodology for the 2019/2020 rate years.

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

This additional funding is necessary for Florida PACE Centers, Inc. (FPC) to serve its growing population base and continue to provide the comprehensive capitated non-Medicare covered health services, including: Adult Day Care, ALF stipends, LTC nursing home payments, private duty consumable medical supplies and nutritional support for dual eligible participants plus all necessary medical hospitalizations, SNF and medication for Medicaid only participants.

- c. What direct services will be provided to citizens by the appropriation project?

PACE provides all acute health care services, plus transportation, ALF, Adult Day Care, and private duty nursing for participants in program based on need as determined by an interdisciplinary team operating in each of the four PACE Adult Day Care Centers.

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

Funds will ensure all services are provided to the 934 PACE participants. The PACE program is a holistic, social model of client care that utilizes a team approach to keep participants living well, safely, and independently at home rather than in a nursing home. PACE is a fully capitated risk bearing model of care for frail seniors incorporating all aspects of their care- Medical, dental, social, specialists, pharmaceutical, hospital, nursing home, hospice, and more. PACE is for people 55 or older that are assessed for nursing-home level care, and can be utilized by Medicaid, Medicare or dually eligible clients.

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

Participants health care will be maintained while continuing to live in the community.

- 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?

Federal and state rules governing PACE program operations and Part D funding outline penalties, potential CMP and program termination.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2389

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

N/A

13. Requestor Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. Recipient Contact Information

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☐ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.