

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Palm Beach PACE (Program All Inclusive Care for the Elderly)
2. Date of Submission: 01/08/2016
3. House Member Sponsor(s): Bill Hager

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	1,600,000	0	1,600,000	1,600,000	5,600,000	0	5,600,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Keith Myers
- b. Organization: Morse Life
- c. Email: keithm@morselife.org
- d. Phone #: (561)687-5744

6. Organization or Name of Entity Receiving Funds:

- a. Name: Morse Life
- b. County (County where funds are to be expended) Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding) Palm Beach

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

Palm Beach PACE (Program All Inclusive Care for the Elderly) is Federal State program that is designed to help frail, nursing home seniors age at home with maximum independence and dignity while avoiding institutional care. PACE staff goes to extraordinary lengths to avoid costly hospitalizations and long term care by providing medical, rehabilitation, nutritional, social work, and home care services through an Interdisciplinary team (IDT) of care professionals. The PACE program is part of the MorseLife Health System campus, a mission driven not for profit 5 star Gold Seal Community with an outstanding 33 year national reputation for excellence. PACE is a 3 way agreement between the Agency for Health Care Administration (AHCA), the Center for Medicare and Medicaid (CMS) and the facility (MorseLife Home Care, Inc.).

Palm Beach PACE (PB PACE) has identified more than 11,000 people in the 45 zip codes selected in the PACE application process who are dually eligible for Medicare and Medicaid (more than 98% of enrollees are dual eligibles.) PACE is consistent with the most significant health care delivery services models to include bundling of services and reducing reliance on institutional care. A leading National health care consultant, CliftonLarsonAllen, has indicated that in Primary Service Area (PSA IX), the PB PACE local service area, the demand for home and community based services is anticipated to increase by more than 800% by the year 2030. Local demographics confirm the explosion in the growth of seniors, particularly among the 75+ age population, and it is anticipated this growth will continue for at least several decades. Palm Beach County is clearly a beacon for frail seniors and the enrollment experience at Palm Beach PACE reflects these demographic trends. Palm Beach PACE has demonstrated the fastest growth of any Florida PACE program in the past 2 years and client demand continues to grow every month. The enrollment at Palm Beach PACE has resulted in the development of a second site to both meet the demand for services and provide programs in a closer proximity to members. Adding the second site, which has now been certified and is scheduled to open in January, 2016 will increase

enrollments at an even more rapid rate. There are presently well over 220 persons and their families who are on a waiting list to be enrolled by Palm Beach PACE and the program needs additional slots to accommodate this demand. The referral patterns to Palm Beach PACE are extraordinarily diversified - with no facility agency or institution dominating the referral history. The largest referral source comes from existing friends and family members of Palm Beach PACE or from actual enrollees - indicative of very high customer satisfaction.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 2,300,000

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 1,600,000

9. Is this a multi-year project requiring funding from the state for more than one year?

Yes