

28783 - PACE Senior Transportation

Application Details

Funding Opportunity: 27547-2025-2027 Consolidated Grant Program - Mobility Management
Funding Opportunity Due Date: Sep 17, 2024 3:01 PM
Program Area: Consolidated Grant Program
Status: Submitted
Stage: Final Application

Initial Submit Date: Sep 17, 2024 9:56 AM
Initially Submitted By: Andrew Lewis-Lechner Lewis-Lechner
Last Submit Date:
Last Submitted By:

Contact Information

Primary Contact Information

Active User*: Yes
Type: External User
Name: Mr. Andrew Lewis-Lechner Middle Name Lewis-Lechner
Salutation First Name Last Name
Title: Senior Grants Officer
Email*: allewislechner@multicare.org
Address*: PO Box 5296, MS: 1313-3-FND
Tacoma Washington 98415-0296
City State/Province Postal Code/Zip
Phone*: 253-403-9943 Ext.
Phone

Fax: ### ### ####
Comments:

Organization Information

Status*: Approved
Legal Name*: Foundations of MultiCare
DBA Name*: Foundations of MultiCare
Organization Type*: Non Profit
Unique Entity Identifier (UEI): 91-1514257
Organization Website: <https://give.multicare.org/>
(Please enter http://... for this field)
Physical Address*: 1313 Broadway

Floor 3

Tacoma Washington 98402-3400
City State/Province Postal Code/Zip

Mailing Address*:

MultiCare Health System/MultiCare Foundations
MultiCare Health System/MultiCare Foundations

Tacoma State/Province 98415-0296
City Postal Code/Zip

Remit to Address*:

PO Box 5296, MS: 1313-3-FND

Tacoma Washington 98415-0296
City State/Province Postal Code/Zip

Phone*:

253-403-9943 Ext.
#####

Fax:

#####

Benefactor:

Vendor ID:

Fiscal Year End

December

Last day of*:

Comments:

Indirect Cost Rate:

0.00%

IDR Expiration Date:

Organization Contact Information

Organization Contact Information

Organization Director

Name*:

Elliot Stockstad
First Name Last Name

Executive Director elliot.stockstad@multicare.org
Title Email Address

Applicant Contact

Name*:

Andrew Lewis-Lechner Lewis-Lechner
First Name Last Name

Senior Grants Officer allewislechner@multicare.org
Title Email Address

Project Contact

Name:

Jake Hagen
First Name Last Name

Finance Manager, PACE Partners jake.hagen@multicare.org
Title Email Address

Summary of Project Information

Summary of Project Information

Capital equipment includes items that have a useful life of more than one year, exceed your organization's capital cost threshold or \$5,000, and are subject to depreciation and inventory records.

Examples for mobility management include information kiosks and technology.

Does your mobility management project include the purchase of capital equipment*: No

Checking yes to federal funds means that your organization is willing and able to comply with the associated federal requirements such as federal drug and alcohol testing procedures, Title VI activities, and disadvantaged business enterprise (DBE). For an example of last biennium's federal requirements see the [Consolidated Grant Guidebook](#).

Willing to Accept FTA funds for the biennium*: Yes

Select all of the Congressional District(s), Legislative District(s) and County(ies) the project will serve (include entire project area).

[Congressional & Legislative District map](#)

Congressional District(s)*: 10,6,8

Legislative District(s)*: 02,25,26,27,28,29,30,31

County(ies)*: King,Pierce

Scope of Work

Scope of Work

Select the [Regional Transportation Planning Organization / Metropolitan Planning Organization \(RTPO/MPO\)](#) that will be ranking this project from the drop-down menu.

RTPO/MPO*: Puget Sound Regional Council

Project Description

Provide a brief, high-level description of what your project proposes to do (address who, what, when, and where).

This may be used to describe your project to the Legislature.

Proposed scope/description of the work*:

Program of All-inclusive Care for the Elderly (PACE) is a Medicare and Medicaid program that helps people meet their health care needs in the community instead of going to a nursing home or other care facility. Services include transportation to medical and non-medical appointments, supporting transportation costs is the basis of our request.

Project Need

Why is this project needed, and how does this proposal address the need?

Include a description of the transportation problem that matches the need expressed in the Coordinated Public Transit-Human Services Transportation Plan (CPT-HSTP), how the problem was identified, and how the proposed project will address the problem.

Need*:

Program of All-inclusive Care for the Elderly (PACE) is a Medicare and Medicaid program that helps people meet their health care needs in the community instead of going to a nursing home or other care facility. PNW PACE Partners is one of only three PACE programs in Washington State and the first in Pierce County.

Many PACE participants are experiencing multiple comorbidities and require regular medical checkups. Through discussions with PACE participants, we know that transportation to and from medical appointments is a significant barrier. Most participants cannot personally drive to appointments, and multiple appointments can place significant burden on family members, community supports or other transportation options. When patients in PACE miss appointments, it can lead to a host of impacts including usage of local emergency departments, loss of person autonomy and negative health outcomes. Unfortunately, at this time, our funding for transportation in the PACE program does not fully meet the transportation needs of participants.

The proposed funding helps stabilize our transportation services, ensuring that PACE participants have the ability to get to and from various specialty clinics, inpatient and outpatient surgeries and meet other medical needs. PACE also helps participants to participate in non-medical activities like church, senior center activities, and go to the post office and grocery store.

Area Served

Is this project primarily serving a rural area?* No
Any service that supports public transportation in rural areas with populations less than 50,000.

Is this project primarily serving the Seattle, Tacoma, Everett urbanized area?: No

Special Needs Transportation

To be eligible for funding for special needs transportation, applicants must address how their project advances the efficiency in, accessibility to, or coordination of transportation services provided to persons with special transportation needs, defined in [RCW 81.66.010\(3\)](#)

Advance efficiencies in, accessibility to, or coordination of special needs transportation *: Yes

Describe how your project advances these areas, and how you are going about developing these advancements. Additionally, identify the special needs population(s) to be served by this project.

Special Needs Transportation:

This project advances efficiency by streamlining transportation coordination through a single provider, Around the Sound, which offers door-to-door services tailored to individual care plans. By integrating transportation and health care services, the project eliminates delays and gaps in care. The partnership ensures smoother transitions and timely arrivals, improving overall service delivery for the seniors we serve. The special needs population served by our application is composed of individuals who, because of physical or mental disability, income status, or age are unable to transport themselves to and from appointments outside their homes and are unable to purchase appropriate transportation. Most seniors want to live at home (age in place) for as long as possible, and the PACE program helps them achieve that goal. The project enhances equity by improving health outcomes through care coordination and care plans tailored to the individual participant. This approach is a true partnership between seniors and their PACE team, because nobody wants to give up their home, it's where you're most comfortable and it's where you should be able to stay.

Project Staff

Provide the names and experience of the key staff who will be working on this project, including their experience managing projects similar to the proposed project.

Project Staff*:

Jake Hagen: Finance Manager (7 Years): Accountable for the financial leadership and management for PNW PACE Partners with prior experience as a financial auditor overseeing the entire audit process, including developing engagement scope, assessing risks, and reporting results.

Laura Stengel: Executive Director (13 Years): Laura's background is in leading large, 120-160 bed skilled nursing facilities. As a licensed nursing home administrator, Laura has been responsible for the coordination and quality outcomes impacting all aspects of clinical and social care for the frail and infirm while maintaining adherence to strict state and federal regulations for long term care. As the Executive Director for the PNW PACE program, Laura is responsible for ensuring that all aspects of program operations are compliant with state and federal regulations, and that all employee and participant services are optimized for quality and value.

Relationship to Other Projects

Relationship to Other Projects

Is this project dependent on any other projects submitted by your organization?* No

Did you, or will you, apply for this project in another grant program this biennium?* No

Have you applied for the same project in a prior biennium and did not receive funding?* No

Are you applying for other projects within this funding opportunity?* No

Planning and Coordination-

Coordinated Public Transit - Human Services Transportation Plan

Coordinated Public Transit - Human Services Transportation Plan	Element	Page number(s) or TBD	How is the need in the CPT-HSTP met by this project?
Puget Sound Regional Council	Regional Priorities for implementation	Appendix B pg 12-16	Puget Sound Regional Council Appendix B Coordinated Mobility Plan Chapter 2 pages 12-16 identify seniors 65+, Seniors 85+, individuals with disabilities and those living with low incomes as priority populations. These are the priority populations which the PACE program focuses on and to whom we provide transportation services and supports.

Puget Sound Regional Council	Regional Priorities for implementation	Appendix B Coordinated Mobility Plan Chapter 2 page 21 and 22	Puget Sound Regional Council Appendix B Coordinated Mobility Plan Chapter 2 page 21 and 22. Identifies non-emergency medical transportation as a key regional need. PACE transportation services focus on providing non-emergency medical treatment to priority populations defined in other sections of the plan.
Puget Sound Regional Council	Regional Priorities for implementation	Appendix F Equity Action report page 4	Puget Sound Regional Council Appendix F Equity Action report page 4: MPP-T-10 identifies a priority to "ensure mobility choices for people with special transportation needs, including persons with disabilities, seniors, youth, and people with low incomes." These are the priority populations served by PACE transportation services.

Project Coordination

Describe coordination efforts. Include details such as:

- o Inclusion in regional plans.
- o What prioritized strategies are being addressed?
- o Who was involved in defining the problem?
- o Other alternatives that were/are being considered for solving the problem.
- o Demonstrations of local/regional coordination for implementing the proposed project.

Coordination Efforts*:

At our PNW PACE Partners, we have established a robust partnership with Around the Sound (ATS) to deliver essential paratransit services to our participants. This collaboration is central to ensuring accessible, reliable, and safe transportation. ATS has been instrumental in providing specialized transportation that caters to the unique needs of our PACE participants. Their fleet of accessible vehicles ensures that every trip is tailored to accommodate both physical and logistical requirements. The partnership is built on a foundation of shared values, emphasizing reliability, compassion, and a commitment to enhancing the quality of life for our participants.

We work closely with ATS to coordinate schedules and routes, ensuring that transportation is seamlessly integrated with our participants' care plans. Regular communication allows us to address any issues promptly and adapt to changing needs. This proactive approach helps in maintaining high service standards and minimizing disruptions. ATS also participates in ongoing training and feedback sessions to stay aligned with our service goals. This partnership has significantly contributed to our ability to offer dependable and supportive transportation options, thereby facilitating greater independence and enhancing the overall experience for our PACE participants.

As we look to expand our care into new service areas, this transportation grant will be instrumental in supporting our growth. With the additional funding, we plan to enhance our partnership with ATS to extend our reach and improve service delivery in emerging regions. This financial support will enable us to serve a greater number of participants, ensuring that those in underserved areas can access the same high-quality, reliable transportation that our current participants enjoy.

By checking this box, you acknowledge that you coordinated or will coordinate this project with the planning organization(s) within the region(s) this project serves.*: Yes

How does your project connect to, coordinate with, leverage, or enhance other modes of transportation in your service area (i.e., aviation, intercity bus or rail, park and rides, bicycle/pedestrian)?

Include in your response how the multimodal partnerships for this project will improve or enhance access to social services.

What efficiencies will be gained within the service area as a result of this project?

Multimodal Partnerships*:

PACE uses ATS for contracted transport services so that our vulnerable, frail seniors receive door-to-door service for their appointments. Around the Sound complies with all CMS and State requirements for contracted transport services, which includes routine training, oversight of personnel records, and vehicle observation. ATS is PACE's sole transport provider; for example: Once a Pierce County PACE participant enrolls, they cease using Pierce Transit for medical appointments and appointments approved by PACE to service their social determinates of health, including Day Center. If PACE did not utilize ATS we would be relying on Pierce Transit's On Demand (SHUTTLE) service for our members. Because these Pierce County members are on PACE, they do not utilize Pierce Transit for any services Pierce Transit is required by ADA to provide. PACE's vulnerable adult population, who all financially qualify for Medicaid and functionally qualify for DSHS Long Term Care Support Services, are using PACE contracted services instead of Pierce Transit services.

Does this project have a planning or operating service area that crosses RTPO planning boundaries? *: Yes

Budget

Duration of Project

Planning projects can only choose *Two Years*.

Duration of Project*: Two Years

Expenses

Expenses	If Other, Please List	** July 1, 2023 - June 30, 2024 (Actual)	** July 1, 2024 - June 30, 2025 (Budgeted)	July 1, 2023 - June 30, 2025 (Total of Actual and Budgeted)	July 1, 2025 - June 30, 2027 (Projected)	Variance Between Biennia	** July 1, 2027 - June 30, 2029 (Projected)	Variance Between Biennia
Contracted Services - Transportation		\$734,796.00	\$1,207,739.00	\$1,942,535.00	\$3,277,108.00	68.70%	\$0.00	-100.00%
		\$734,796.00	\$1,207,739.00	\$1,942,535.00	\$3,277,108.00		\$0.00	

Sources of Match

Match Source	If Other, Please List	** July 1, 2023 - June 30, 2024 (Actual)	** July 1, 2024 - June 30, 2025 (Budgeted)	July 1, 2023 - June 30, 2025 (Total of Actual and Budgeted)	July 1, 2025 - June 30, 2027 (Projected)	** July 1, 2027 - June 30, 2029 (Projected)
Federal:		\$444,551.00	\$738,554.00	\$1,183,105.00	\$1,477,108.00	\$0.00
Medicaid						
		\$444,551.00	\$738,554.00	\$1,183,105.00	\$1,477,108.00	\$0.00

Fares and Ride Donations

	** July 1, 2023 - June 30, 2024 (Actual)	** July 1, 2024 - June 30, 2025 (Budgeted)	July 1, 2023 - June 30, 2025 (Total of Actual and Budgeted)	July 1, 2025 - June 30, 2027 (Projected)	** July 1, 2027 - June 30, 2029 (Projected)
Fares and ride donations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Summary for July 1, 2025 - June 30, 2027

25-27 Requested Amount: \$1,800,000.00
 25-27 Match Amount: \$1,477,108.00

Summary for July 1, 2027 - June 30, 2029

27-29 Requested Amount: \$0.00
 27-29 Match Amount: \$0.00

Variations

Variance between 2023-2025 and 2025-2027: 68.70%
 Variance between 2025-2027 and 2027-2029: -100.00%

Variations:

Our transportation vendor has indicated that future contracts will need to increase to meet the growing costs of providing transportation services, so we have projected an increase in expenses based on those conversations.

Other Sources

Other Sources*:

As a nonprofit health system, we seek grants, solicit individual donations and leverage other philanthropy opportunities to support programs like PACE.

Budget development methodology

Budget development methodology *:

PNW PACE Partners launched in March 2022 and is the only PACE program offered in Pierce County. PNW PACE Partners is also the fastest growing PACE organization who opened in 2022 and we have plans for continued growth by offering the highest value, compassionate, and equitable health care for eligible seniors in our community with our goal to put participants first and create systems and services that help them stay at home safely. As such, our participant volume is projected to increase by 53%, 46%, and 40% in 2025, 2026, and 2027, respectively. We project our transportation spend to reflect a proportionate amount as we rapidly grow.

DBE Goals

DBE Goals	Percentage	Efforts	No DBE
No	0.00%		We are not a DBE organization and unfortunately do not partner or contract with any DBE entities in this project.

Summary

July 1, 2025 - June 30, 2027

Total Project : \$3,277,108.00

Fares and Donations : \$0.00

Requested Amount \$1,800,000.00

This is the amount of grant funds your organization is requesting from July 1, 2025 - June 30, 2027

:

July 1, 2027 - June 30, 2029

Total Project : \$0.00

Fares and Donations : \$0.00

Requested Amount \$0.00

This is the amount of grant funds your organization is requesting from July 1, 2027 - June 30, 2029

:

4-Year Total Requested Amount: \$1,800,000.00

Indirect Costs

Indirect Costs

To charge indirect costs to a grant/project, your organization must have an approved indirect cost rate or cost allocation plan. Indirect costs must be included in the application budget.

If you plan to charge indirect costs, you must upload documentation of an approved indirect cost rate or cost allocation plan in the *Attachments* section.

Are you charging indirect costs to this grant/project? *: Yes

Measurable Outcomes

Measurable Outcomes

For mobility management, summarize the intended outputs of this project in both quantitative (statistical) and qualitative (narrative) formats.

There may be some projects where traditional performance measures (e.g., revenue vehicle hours/miles, passenger trips) do not apply. In those cases, quantitative objectives can be used instead by submitting the following information: number of trainings or outreach, or number of passengers served, or other measurable outcomes produced by this project.

Identify data sources and monitoring processes.

Ensure there is a quantitative output, as this will be the baseline measurement for the following biennium's application. Qualitative measures are optional.

Intended Outputs*:

Pierce & King County Historical and Projected Data:

In 2022, we provided 284 months of PACE service and 3145 trips. Year-end census: 60

In 2023, we provided 1024 months of PACE service and 10435 trips. Year-end census: 119

In 2024, we're on track to provide 1800 months of PACE service and 18,343 trips. Projected year-end census: 172

In 2025, we're projected to provide 2688 months of PACE service and 27392 trips. Projected year-end census: 268

In 2026, we're projected to provide 3840 months of PACE service and 39131 trips. Projected year-end census: 364

In 2027, we're projected to provide 4992 months of PACE service and 50871 trips. Projected year-end census: 460

Because Pacific Northwest PACE provides, coordinates, and case manages all authorized transport for a participant's care plan, every enrolled Pacific Northwest PACE participant removes this ridership pressure from County transit resources. These frail and infirm riders can take up people and vehicle resources related to their equipment and transport needs.

How will your organization measure whether the project is successful?

Describe the steps you will take to improve performance if your project does not meet the identified performance targets.

Project Success Measurement*:

PACE is an innovative program that allows its members to live at home while we provide, coordinate, and case manage their comprehensive health care needs, including social determinates of health. PNW PACE has a dedicated team that arranges, coordinates, and provides all services to meet each members health care needs such as primary care, hospital care, home care, physical therapy, occupational therapy, adult day health care, social services, prescription drugs, medication management, and many other specialty services.

Our PACE program has demonstrated remarkable success, as evidenced by our historical analysis which reveals that enrollees into PNW PACE Partners experience 41.0% fewer emergency department visits and 17.3% fewer inpatient admissions compared to those in alternative plans. This significant reduction in emergency and inpatient services highlights the effectiveness of our comprehensive, integrated care model in managing chronic conditions and preventing crises. By providing coordinated, proactive care and addressing participants' needs holistically, our program not only enhances the quality of life for our participants but also contributes to overall cost savings and improved health outcomes.

One example of this program's success is PNW PACE participant Bruce. Prior to enrollment, he spent about three hours per week out of bed at his adult family home. He ate little and did not socialize, putting him at high risk for illness and hospitalization. After joining PACE, Bruce began participating in walking and exercise groups through PACE's adult day health program. His medication regimen was adjusted to improve his appetite, and after connecting with a PACE dietitian, he once again began enjoying regular meals and intentionally gained 27 pounds. With the ongoing care and support from the PACE team, Bruce was able to regain independence and avoid hospitalization.

Milestones

Milestones

Activities	Date (mm/yy)
Project Start	07/25
Project Complete	07/27

Supplemental Information

Supplemental Information

Supplemental Information:

Vulnerable Populations in Overburdened Communities & Tribes

Vulnerable Populations in Overburdened Communities

Identify the type of direct and meaningful benefits to vulnerable populations your project provides using the descriptions above, if any. Explain how your project provides

these benefits. Your response may include suggestions about how WSDOT should evaluate project(s) against Climate Commitment Act requirements in the future.

Vulnerable Populations in Overburdened Communities*:

The vulnerable population supported through this proposal includes individuals living with a low income, specifically medically vulnerable seniors whose health has been impacted by a variety of socio-economic factors. The program is open to adults ages 55+ who meet Washington State Medicaid requirements for long-term care services, wish to remain at home (or in another community setting) and can do so safely, and reside in our Pierce and King County service areas. Many of our clients come from marginalized backgrounds, have multiple chronic conditions and face socioeconomic barriers that jeopardize their health and independence. PACE helps bring health equity to these individuals and families.

Pacific Northwest PACE strives to enhance the quality of life for frail older adults. Research has shown that PACE programs reduce hospitalizations, reduce emergency room visits, and these individuals experienced fewer unmet needs. To give a couple real-world scenarios, with coordinated care and close observation, a urinary tract infection can be addressed before it becomes sepsis. Or pneumonia when it can still be treated by antibiotics, before requiring a hospital visit. By emphasizing primary and preventive care over more expensive visits, such as emergency room and hospital visits, it strategically aligns with MultiCare’s fiscal goals.

While the complexity and acuity of PNW PACE Partners clients is substantially higher than both state and national averages (as determined by validated risk scoring), they experience lower-than-average hospital admissions. Participants also have a 46 percent lower ED visit rate than participants in other PACE programs. Reduction of ED usage is tied to overall improvement in health outcomes, which in turn means improved health outcomes and reduced burden on the health care system.

If these populations were engaged by you or your representatives in developing or maintaining the project, describe the outreach efforts and results.

Inclusive planning:

PACE was first implemented as an alternative to Nursing placement by members of San Francisco’s Chinese American Community and is now an integral part of Medicare Advantage, rooted in the idea that with community support, seniors are empowered to age in community and avoid placement in a, institution.

Keys to the program’s success are its proactive, interdisciplinary approach and intensive care planning. PNW PACE primary care practitioners treat the whole person instead of individual ailments or diagnoses. They also follow the Institute for Healthcare Improvement’s age-friendly health care model. This approach helps the team recognize and address problems before they become a crisis.

The PACE team meets regularly with each participant and their representative to assess the participant’s needs. A participant’s care plan usually integrates some home care services from the team with several visits each week to the PACE center, which serves as the hub for medical care, rehabilitation, soc

Tribal Support

Is this project directly operated by a tribe?* No

Is your project serving and is it supported by a tribal nation in Washington? :

Attachments

Tribal support correspondence/resolution:

Attachments

Attachments

Named Attachment	Required	Description	File Name	Type	Size	Upload Date
Required for all projects						
Copy of organization’s most recent audit report	✓	Most recent audit. The 2023 Audit will not be available until November, 2024.	2022 Audit MHS.pdf	pdf	354 KB	09/16/2024 12:05 PM
Population density map	✓	Population Density Map	Population Density.map.pdf	pdf	267 KB	09/16/2024 12:32 PM
Service area map	✓	Proposed Service Area Map	Proposed Service Area.pdf	pdf	216 KB	09/16/2024 12:32 PM
Required for new non-profit applicants only						
501(c) IRS Letter of Determination (required for new non-profit applicants)		IRS determination letter	501c3 Redetermination Letter MHS 8-30-07.pdf	pdf	42 KB	09/16/2024 02:33 PM

WA Utilities & Transportation
Commission (UTC) Certification
(required for new non-profit applicants
who are direct service providers)

Conditionally required

Indirect costs documentation (required if
you are charging indirect costs to the
project)

If the award includes federal funds and IDC is not capped, this document
shows MultiCare's current Federally Negotiated Indirect rate through 2024 .
If there is a cap on indirect charges or indirect is not allowed to be claimed,
we will abide by the terms of the award with regard to IDC rate.

[Indirect Rate Reconciliation Rate 2020-2021 - Signed.pdf](#) pdf 579 09/16/2024
KB 12:42 PM

In-kind match valuation proposal
(required for operating & mobility
management projects that are
proposing to use in-kind as matching
funds)

Procurement policy (required for new
applicants or current grantees without a
current policy on file with WSDOT)

Optional attachments

Letters committing matching funds

Letter of concurrence (for projects that
operate in multiple planning regions)

Letters of support (combine into one file
attachment)

Letters of Support from: National PACE Association, Around the Sound,
Washington State Society for Post-Acute and Long-Term Care Medicine

[Letters of Support.pdf](#) pdf 501 09/16/2024
KB 12:57 PM

Supplemental information

Optional construction attachments

NEPA/SEPA assessment, if available

Supplemental construction project
information (building or site designs,
site plans, location exhibits, etc.), if
available

Certification

Certification

I certify, to the best of my knowledge, that the information in this application packet is true and accurate and that this organization has the necessary fiscal, data collection, and managerial capabilities to implement and manage the project associated with this application:

Certification*: Yes
Application Authority*: Andrew Lewis-Lechner
First Name Last Name
Title*: Senior Grants Officer
Date*: 09/17/2024



September 12, 2024

Elliott Stockstad
MultiCare Health Foundation
PO Box 5296, MS: 1313-3-FND
Tacoma WA 98415-0296

Dear Mr. Stockstad,

The National PACE Association is pleased to offer this letter of support to MultiCare Health System's proposal to the WSDOT 2025-2027 Mobility Management Project. We do so as the national association representing PACE programs and believe this grant opportunity is a worthwhile effort to support the transportation needs of your program.

PACE was created as an innovative way to meet the health care needs of individuals 55 and older to help them continue living in the community while maintaining their quality of life. In PACE there is never a co-pay, deductible or coverage gap so clients get the access to care, services and medications that they need. An interdisciplinary team of professionals provides all of the coordinated care clients require, supported by an effective plan of care for each individual. Transportation services are an integral component of caring for participants in a PACE program and we applaud your efforts to support and operationalize your transportation needs.

Thank you for all that you do for those who receive PACE services. Your work to support some of our most vulnerable Americans is to be commended and we wish you the best success in pursuit of this grant opportunity.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Bloom". The signature is fluid and cursive, with a large initial "S" and "B".

Shawn Bloom
President and CEO



August 22, 2024

MultiCare Health Foundation
PO Box 5296, MS: 1313-3-FND
Tacoma, WA 98415-0296

Dear Elliott Stockstad,

On behalf of Around the Sound Transportation (ATS), I am pleased to be writing a letter in support of MultiCare Health Foundation's proposal to the WSDOT 2025-2027 Mobility Management Project. We strongly support MultiCare's project to support and stabilize transportation services for the PNW Program for All-inclusive Care for the Elderly (PACE) and their commitment to supporting the special needs of seniors who want to continue living in their homes. It is my experience that 100% of the individuals you serve all are of disability due to age, physical condition and are the most vulnerable adults.

Around the Sound is Puget Sound's foremost transportation service, serving those with special needs. We provide transportation to all individuals, especially those with limited mobility and to people with memory issues. We have an excellent track record for on-time performance, safety, and passenger satisfaction.

MultiCare has been partnering with ATS trans since 2012, and ATS worked with the PCCTC to help get funding and service for the Adult Day health program. We are familiar with the operation and MultiCare and we support the foundation without hesitation.

If you have any questions regarding this request, please contact {Steve Hutchins} at (253) 470-2291.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Hutchins", with a stylized flourish at the end.

Steve Hutchins
President/CEO
Around The Sound
4023 S. Orchard St, Tacoma
Washington 98466



WASHINGTON STATE SOCIETY
FOR POST-ACUTE
AND LONG-TERM CARE
MEDICINE

September 13, 2024

MultiCare Health Foundation
PO Box 5296, MS: 1313-3-FND
Tacoma WA 98415-0296

Dear Elliott-

I am writing on behalf of the Washington State Society for Post-Acute and Long-Term Care Medicine (WA-PALTC) Board to show our dedicated support for MultiCare Health System's proposal to the WSDOT 2025-2027 Mobility Management Project.

MultiCare's PNW Program of All-inclusive Care for the Elderly (PACE) has proven to be a valuable resource in our community since opening in 2022. PACE programs reduce healthcare utilization in emergency departments by consistently and carefully treating its vulnerable patient population in the home and PACE Center settings; they meet the clinical needs of this frail and infirm population before they become emergencies. PACE supports community-based living home by providing the support participants need to age-in-place. PNW PACE has a "Call Us First" model that instructs and engages participants to call PACE before calling 911, unless it is a true emergency. This results in PACE participants relying on PACE transportation for non-emergency transportation and assessment in-Center rather than utilizing 911 services for non-emergency clinical concerns.

WA-PALTC understands that transportation is not only an unmet need for Washington's seniors, but that a coordinated transportation plan for seniors that includes transportation to meet social determinate of health needs is critical to successfully support aging-in-place. We know that reducing social isolation can have tremendous positive health effects for seniors and consider PNW PACE to be a part of the puzzle to support this in Washington State. We support PNW PACE to receive funds to expand and continue the exceptional work they do to provide comprehensive support and services to Washington's most frail individuals living in the community.

At WA-PALTC our vision is to see all post-acute and long-term care patients and residents receive high quality and equitable care. We promote and enhance the development of skilled, compassionate, and committed medical practitioners to provide dignified, person-centered care across all care settings. We work with nursing facilities, assisted living communities, home care, hospice, PACE programs, and more to promote excellent care of patients across our State.

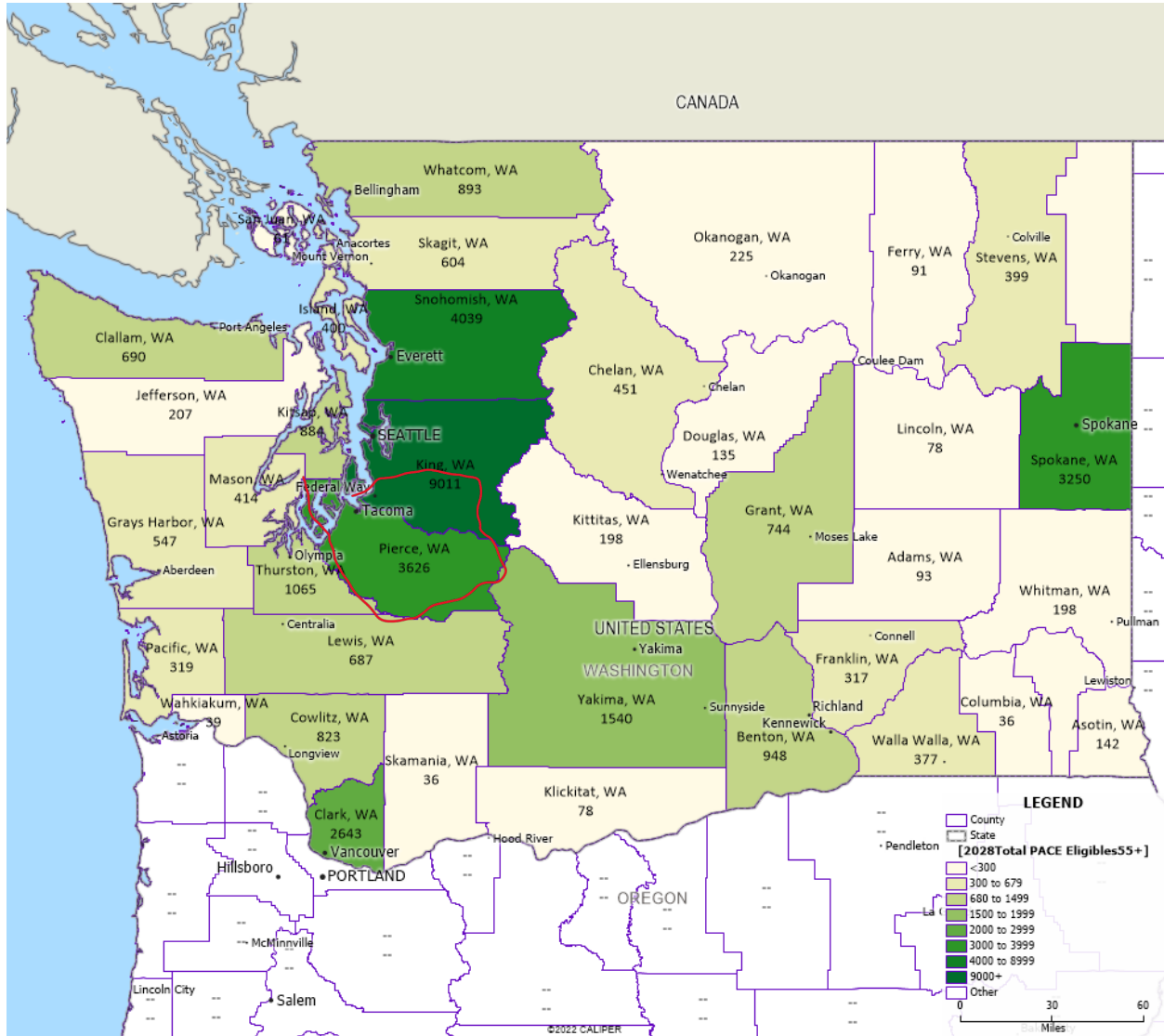
Very sincerely,

Jessica Van Fleet-Green, MD, MBA, CMD

Board President, WA-PALTC

Population Density map

The proposed service area includes Pierce and South King County, as (approximately) outlined below.



Proposed Service Area

The proposed service area for the project is indicated below in yellow.

