



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3330

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

Broward Senior Support Services addresses gaps in access to home care for seniors aged 60+ not eligible for Medicaid that are necessary but not covered by Medicare or private plans. Many seniors have outlived their savings and are "hometown heroes," retired school teachers, firefighters, police officers, and veterans facing difficult choices between paying for medicine, housing, or food. The services are proven to effectively reduce unnecessary ER visits/hospitalizations. With United HomeCare's 51 years of experience and 98% success rate in preventing nursing home admissions, the program will save taxpayers over \$5.3 million annually.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	447,300
Fixed Capital Outlay	0
Total State Funds Requested	447,300

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	447,300	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	447,300	100%

8. Has this project previously received state funding?
- 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?
- a. If yes, indicate nonrecurring amount per year.
- b. Describe the source of funding that can be used in lieu of state funding.
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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Case Management Services: 1 hour/month x 5 months x 35 older adults x \$60 (rate) = \$10,500	10,500
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Personal Care Home Health Services: 10 hrs/month x 52 weeks (1 year) x 35 older adults x \$24 (rate) = \$436,800	436,800
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		447,300

13. Program Performance

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



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The program aims to serve approximately 35 Non-Medicaid eligible, disabled older adults ages 60+ from all areas of Broward County needing assistance to live independently at home, with a safety-net plan of home health services designed to improve quality of life and prevent unnecessary ER visits, hospitalizations, and institutional placement. The need for this program is demonstrated by an amassed wait list for services of approximately 50 seniors. The program successfully met its goal exceeding outcomes when implemented in 2023-2024.

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

Every older adult receives high-quality home health services from qualified Home Health Aides and Case Managers all of whom have undergone AHCA Level II criminal background screenings to ensure client safety. UHC conducts community outreach to educate the public about the program. Referrals come from various sources, including the Police Benevolent Association, the VA, YMCA/YWCA, teachers' unions, district commissioners, churches, and hospitals, among others. Letters of support are available upon request.

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

Direct services are designed to improve/enhance the quality of life for individuals by helping to prevent unnecessary hospitalizations and the need for institutional placement. These include 10 hrs/week of Personal Care Assistance (help with bathing, dressing, grooming, mobility, light housekeeping, meal preparation, and laundry). Additionally, case management services which encompass the development of care plans, coordination of services, navigation of the aging network, and provision of information about available community resources.

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

The target population consists of non-Medicaid, disabled older adults aged 60+, including our hometown heroes who are retired school teachers, firefighters, policemen, and veterans residing in Broward County. These are homebound seniors in need of home health support to live independently. Many of them face difficult decisions regarding essential expenses such as medication, housing, and food because they have outlived their savings. Funding will enable us to serve 35 seniors, including those who have previously benefited from this program.

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

The intended outcome is that Non-Medicaid eligible disabled older adults will experience an improved quality of life through a safety net plan that provides home health services that assist them with activities of daily living that they can no longer perform easily on their own. To assess the program's outcomes, we evaluate the # of seniors served, duration of their participation in the program, and # of seniors for whom we were able to prevent unnecessary hospitalizations and institutional placements.

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 Program will only draw funds per Participant Enrollment into the Program with activation of service delivery. No funds will be drawn in advance.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?



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- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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



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University or College

Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.