

LFIR # 1574

1.	Project Title	Advantage Agin	g Solutions - Fall	Detection for At-Risk Fl	oridians		
2.	Senate Sponsor	Corey Simon					
3.	Date of Request	11/13/2025					
4.	Project/Program De	escription					
	seniors. The aesthe wellness center, ena placements, social is The system delivers Florida's strategic of	tically refined ceiling abling seniors to live solation, and the bus real-time alerts in the bigective of helping s	g-mounted light in e safely and inder Irden on unpaid o the event of a fall seniors age safely	rared fall detection technotegrates seamlessly with pendently while reducing caregivers. or safety incident, ensury in place. Its advanced innecessary 911 activat	th a 24-hour, profes g hospitalizations, louring rapid response 13-point dynamic sl	sionally staffed ong-term care and supporting seletal imaging	
5.	State Agency to re	ceive requested fu	ınds Depar	tment of Elder Affairs			
	State Agency conta	•	Dopar	unone of Eldor / undire			
	•						
6.	Amount of the Non	recurring Request	for Fiscal Year	2026-2027			
	Type of Funding			Amo	unt		
	Operating				550,000		
	Fixed Capital Outlay				0		
	Total State Funda	Raduastad		550,000			
	Total State Funds I	Nequesteu			330,000		
7. ⁻		•	:6-2027 (includin	ng matching funds ava	·	ect)	
7.	Total Project Cost f	•	6-2027 (includin	ng matching funds ava	ilable for this proj	ect)	
7.	Total Project Cost f	for Fiscal Year 202		Amount	ilable for this proje	ect)	
7.	Total Project Cost f Type of Funding Total State Funds R	for Fiscal Year 202			ilable for this proj	ect)	
7. '	Total Project Cost f	for Fiscal Year 202		Amount	ilable for this proje	ect)	
7.	Total Project Cost f Type of Funding Total State Funds R Matching Funds	for Fiscal Year 202 equested (from que	estion #6)	Amount 550,000	ilable for this proje Percentage 100%	ect)	
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8.	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project prolif yes, provide the Fiscal Year (уууу-уу)	equested (from quested (from quested (from quested (from quested (from quested (from quested this requested from Fiscal Year 2) eviously received most recent instance. Amore Recurring	estion #6) uest) 026-2027 state funding? nce: ount Nonrecurring	Amount	Percentage 100% 0% 0% 0% 100%	ect)	
8.	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (уууу-уу) Is future-year funding	equested (from quested (from q	estion #6) uest) 026-2027 state funding? nce: ount Nonrecurring	Amount 550,000 0 0 0 550,000 No Specific	Percentage 100% 0% 0% 0% 100%	ect)	
8.	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (уууу-уу) Is future-year fundia. If yes, indicate n	equested (from quested (from q	estion #6) uest) 026-2027 state funding? nce: ount Nonrecurring juested? int per year.	Amount	Percentage 100% 0% 0% 0% 100%	ect)	
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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Cons	truction					
a. What is the c	urrent phase of t	the project?				
Planning	O Design	Construction	O N/A			
b. Is the project	"shovel ready"	(i.e permitted)?				
c. What is the e	stimated start da	ate 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?					the project?	
		o receive, directly or ers of the facility and		y fixed capital o	outlay funding.	Include the

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	Support staff who coordinate implementation, oversee contractual compliance, monitor alerts, manage participant data, and ensure effective project oversight.	50,000
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Funds will be used to purchase and install non-invasive, Al-driven overhead light fall detection systems for at-risk seniors, and to provide each client with a 12-month service subscription that includes continuous monitoring, data management, and response coordination.	500,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	nust equal total from question #6)	550,000

13. Program Performance

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



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At-risk individuals utilizing the fall detection technology will be able to remain safely in their homes while maintaining greater independence and peace of mind. The system provides 24/7 monitoring that immediately detects when a fall occurs ensuring that help is dispatched even when the person is unable to call for assistance. By automatically notifying caregivers, family members, or emergency responders, the technology significantly reduces the time between a fall and intervention.

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

This project expands access to innovative, Al-driven, functional ceiling mounted light, infrared fall detection and 24 hour live wellness monitoring technology for at-risk seniors, helping them live safely and independently while reducing hospitalizations and long-term care placements. The project provides real-time alerts when a fall or safety event occurs, enabling rapid response and supporting Florida's goal of helping seniors age in place.

- c. What direct services will be provided to citizens by the appropriation project?
- Installation of ceiling-mounted fall detection devices in participating homes or senior living environments.
- 24-hour live wellness monitoring by trained operators who respond immediately to safety events or abnormal activity.
- Concierge support services that provide personalized assistance, coordination of care, and access to community-based programs that promote social connection and well-being.
- Emergency storm monitoring with proactive check-ins and response coordination during hurricanes or severe weather events to ensure seniors remain safe and connected.
- Proactive wellness checks and emergency coordination to enable timely intervention, reducing unnecessary hospitalizations and long-term care admissions.
- Family and caregiver notifications that enhance communication, transparency, and peace of mind.
- Data-driven insight reporting

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

The project will serve seniors at high risk for falls, fully embracing any senior on the memory care spectrum, sight or hearing impaired reaching an estimated 100–140 participants. Total costs will vary based on each home's infrastructure needs, such as the availability of reliable Wi-Fi or other necessary connectivity to support system installation and operation.

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

Reduction in fall-related injuries and significantly faster emergency response times following a detected fall, ensuring assistance is provided within the critical "golden hour" when timely intervention can prevent serious complications and improve recovery outcomes. This will be measured by tracking and comparing average response times between fall occurrence and contact with caregivers or EMS before and after installation. Data will be collected directly from system analytics, which measure each event in real time.

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?

In the event the Advantage Aging Solutions does not meet deliverable requirements, the AAS will return the funding proportionally to the unmet measure. A Corrective Action Plan will be submitted for approval and implemented, as required. Repeat failures to meet deliverables may result in future funding reductions.

. Is tl	nis 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 infastructure)
b. Na	ame of the natural disaster (or Executive Order # for events not under a federal declaration):



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15. Has the entity app	olied for or received feder	eral assistance for this project?			
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends t	o apply				
a. If yes, provide the FEMA project worksheet ID#:					
b. Provide the total	project cost listed on the	he FEMA project worksheet:			
40 Use the entitle source	liad fan an maarinad atata		20		
	olled for or received state	e assistance for this project (other than this request)) (
☐ Yes, Applied					
☐ Yes, Received					
□ No					
□ No, but intends t	o apply				
a. If yes, specify th Commerce):	e program and state age	ency (ex. Local Government Emergency Bridge Loan	, Department of		
17. Requester Contac	t Information				
a. First Name	Lisa	Last Name Bretz			
b. Organization	Area Agency on Aging fo Aging Solutions	or North Florida, Inc. d/b/a Advantage			
c. E-mail Address	lisab@aaanf.org				
d. Phone Number	(850)739-5927	Ext.			
18. Recipient Contact	Information				
a. Organization	·				
b. Municipality and	d County Leon				
c. Organization Ty	ре				
□For Profit Entity					
☑Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				



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□Local Entity						
□University or Co	□University or College					
□Other (please sp	□Other (please specify)					
d. First Name	Lisa	Last Name	Bretz			
e. E-mail Address	e. E-mail Address lisab@aaanf.org					
f. Phone Number	(850)739-5927	Ext.				
19. Lobbyist Contact I	19. Lobbyist Contact Information					
a. Name	a. Name Bryan R. Cherry					
b. Firm Name	ne PinPoint Results LLC					
c. E-mail Address	mail Address bryan@pinpointresults.com					
d. Phone Number	er (850)544-5673					

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