

<b>AGENCY NAME:</b>	Lieutenant Governor's Office		
<b>AGENCY CODE:</b>	E040	<b>SECTION:</b>	95



## Fiscal Year 2017-18 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	My agency is submitting the following recurring decision packages listed <u>in priority order</u> (Form B): 9521, 9932, 9524, 9631, 9613, and 9406	
	For FY 2017-18, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
	<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	My agency is submitting the following one-time decision packages listed <u>in priority order</u> (Form C): Not Applicable.	
	For FY 2017-18, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.
	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.

<b>PROVISOS (FORM D)</b>	For FY 2017-18, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input type="checkbox"/>	Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Ken Burton	803-734-9917	krburton@aging.sc.gov
<b>SECONDARY CONTACT:</b>	Andy Fiffick	803-734-0107	andyfiffick@scstatehouse.gov

I have reviewed and approved the enclosed FY 2017-18 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

**SIGN/DATE:**

Mark Plowden	

**TYPE/PRINT NAME:**

*This form must be signed by the department head – not a delegate.*

<b>AGENCY NAME:</b>	Lieutenant Governor's Office		
<b>AGENCY CODE:</b>	E040	<b>SECTION:</b>	95

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>9406</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Health Insurance, SCRS, and Base Pay Increase</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$105,031</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Allocation of State Funds for FY2016-17 Appropriation
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	Lieutenant Governor's Office and Lieutenant Governor's Office on Aging (LGOA)
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>ACCOUNTABILITY OF FUNDS</b>	Not Applicable.
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	Not Applicable.
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	Not Applicable.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	Not Applicable.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>SUMMARY</b>	<p>The funding represents the agency's share of the Fiscal Year 2016-2017 allocation for the General Fund portion of employee health insurance, retirement (SCRS), and base pay increase.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The Executive Budget Office provided calculations based on allocations distributed during the Fiscal Year 2016-17.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>No impact.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>PRIORITIZATION</b>	The change is needed to fund agency health insurance, retirement, and base pay increases provided for in the Fiscal Year 2016-17.
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	Funding will be used to pay for the General Fund portion of the health insurance, retirement, and base pay increase funded in the Fiscal Year 2016-17 State Budget.
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	Not Applicable.
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Lieutenant Governor's Office		
<b>AGENCY CODE:</b>	E040	<b>SECTION:</b>	95

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	9521
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Ombudsman Staff Retention/Operating and Vulnerable Adult Guardian ad Litem</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$64,700</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 43-21-10 Lieutenant Governor's Office on Aging Section 43-35-290 Vulnerable Adult Guardian ad Litem Program Sections 43-35-10 and 43-35-15 Long Term Care Ombudsman Program
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	LGOA – Ombudsman Program and Vulnerable Adult Guardian ad Litem Program.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>ACCOUNTABILITY OF FUNDS</b>	Not Applicable.
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	Not Applicable.
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	The Ombudsman Program is funded 75% by federal funds with a 25% state match requirement. The Vulnerable Adult Guardian ad Litem Program receives only state general funds.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	Not Applicable.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>SUMMARY</b>	<p>Chapter 35 of Title 43 requires that the Ombudsman Program investigate or cause to be investigated noncriminal reports of alleged abuse, neglect, and exploitation of vulnerable adults occurring in facilities directly operated by the Department of Mental Health or the Department of Disabilities and Special Needs. The Ombudsman Program has experienced excessive employee turnover due to a more competitive job market. The 10 year average employee turnover rate for the Ombudsman Program is currently at 43.09%. Given the rigorous travel requirements and the stressful nature of investigating abuse and exploitation, this turnover rate is expected to increase if the agency is unable to provide a sufficient incentive to remain with the agency. The average retention period for an employee in the Ombudsman Program is one year and eight months. The average salary for similar public sector ombudsman positions in South Carolina is \$43,000, while the Ombudsman Program's average starting salary is \$35,105. To be more competitive with this state wide average, the Ombudsman Program requests new state appropriations of \$10,297 for salaries and \$3,501 for fringe. Given the 75% federal match on state dollars spent on the Ombudsman Program, this additional state appropriation would provide a total of \$55,192 in additional compensation to be allocated among the six Ombudsman employees to improve recruitment and retention. The LGOA anticipates that such an appropriation will provide savings on training new staff and provide more continuity to the program. Ensuring that the ombudsman program is fully staffed is essential to accomplishing its mission of protecting our vulnerable seniors by investigating abuse, neglect, and exploitation. Lastly, the Ombudsman Program needs additional operating budget of \$27,452 to cover support services, travel, training, and other operating expenditures to.</p> <p>In 2014, the General Assembly placed the Vulnerable Adult Guardian ad Litem Program (VAGAL) under the LGOA by statute. For Fiscal Years 2015 and 2016, prior LGOA administration submitted VAGAL budgets in which two positions were only factored for nine months' salary instead of 12 months. Current administration LGOA staff discovered this mistake in 2015 and requested a fix as a part of a larger budget request for Fiscal Year 2017, and did not receive the request. The difference was made up in carryforward dollars. To accurately reflect a 12-month factor the program needs \$17,500 for salaries and \$5,950 Fringe to properly fund the positions.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>For the Ombudsman Program, the calculation was based on an average salary of \$43,000 for similar public sector ombudsman positions in South Carolina. The request of \$13,798 for increased salaries and fringe, along with the 75% match from the federal government, will be sufficient to achieve parity with similar job opportunities in the state. The increase in operating expenditures was determined based on the projected cost to provide proper training, travel, support services, and other operating expenditures associated with staff and requirements to determine a reasonable amount of \$27,452.</p> <p>The Vulnerable Adult Guardian ad Litem Program request was calculated by starting</p>
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<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

with the actual annual salary amount of \$35,000 for each of two salaried positions, subtracting \$26,250 of appropriated funds for each position to yield \$8,750, and multiplying by 2 positions for a total of \$17,500 plus \$5,950, fringe for a total of \$23,450.

*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

**FUTURE IMPACT**  
Absent the requested increase in funding, and assuming the program is fully staffed, the Vulnerable Adult Guardian ad Litem Program will be forced to use part of its operating budget to cover the shortage in salaries and fringe.

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

**PRIORITIZATION**  
The Ombudsman Program will continue to have a high turnover rate and face challenges in hiring qualified and motivated personnel. Addressing this issue is of paramount importance to ensure the program continues to operate effectively as our aging population grows.

*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

**INTENDED IMPACT**  
The Ombudsman Program has a major impact on seniors by conducting investigations of alleged misconduct and elder abuse. This is a vital service that requires qualified staff.  
The Vulnerable Adult Guardian ad Litem program advocates in Family Court for the best interest of vulnerable adults who are in the custody of the Department of Social Services because of abuse, neglect and exploitation. The program conducts an independent assessment of the situation and makes recommendations to the court during legal proceedings.

*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>PROGRAM EVALUATION</b>	<p>Each program has performance measures based on the number of cases that are open and closed in a timely and proper manner.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Lieutenant Governor's Office		
<b>AGENCY CODE:</b>	E040	<b>SECTION:</b>	95

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>9524</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Family Caregivers</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$600,000</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	43-21-40(g) authorizes the LGOA to engage in any other activity deemed necessary by the division to promote the health and well-being of the aging citizens of this State, not inconsistent with the purposes of this chapter or the public policies of the State; 43-21-40(i) authorizes the LGOA to award grants and contracts to public and private organizations for the purpose of planning, coordinating, administering, developing, and delivering aging programs and services.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input checked="" type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	The LGOA allocates funds to the Area Agencies on Aging based on both prior year expenditures and evidenced need for caregivers in their respective areas. Reimbursement is provided to caregivers or providers for respite and/or supplemental services which enable the care receivers to remain in their homes in lieu of cost prohibitive institutional placement.
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*What individuals or entities would receive these funds (contractors, vendors, grantees,*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

*individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>ACCOUNTABILITY OF FUNDS</b>	<p>The LGOA provides programmatic and fiscal monitoring and oversight to ensure the funds are properly used for the intended purpose. The LGOA has requested a new proviso to provide a small amount to cover the expenditures for administrative support functions for the program oversight to promote accountability of the funds.</p>
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>There are no potential offsets for this program. Currently, the funds assist by supplementing the federal funds in accomplishing the mission of the agency to provide services that enhance the lives of seniors in South Carolina.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>While not technically "matching funds," LGOA receives federal funds to assist in meeting the demand for services to family caregivers. This amount fluctuates based on U.S. Department of Health and Human Services funding formulas. In Fiscal Year 2016, LGOA received \$2.1 million in federal funding.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>There are no alternatives currently available.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

**SUMMARY**

South Carolina has 770,000 family caregivers who provide an estimated \$7.4 billion of care to their loved ones each year. (2012 AARP *Across the States: Profiles of the Long Term Services and Supports*) According to the Genworth 2016 *Cost of Care Survey*, the median annual cost of a semi-private nursing home room in South Carolina is \$72,635. The majority of South Carolinians do not have long term care insurance, resulting in significant spending by Medicaid and other state programs. USC's Arnold School of Public Health research indicates readily available respite care decreases the need for such spending on institutional and in-home long term care by filling voids that otherwise might force a family caregiver to institutionalize his or her loved one. Additionally, the School of Public Health has advised that readily available respite care improves health-outcomes for family caregivers as well, in that in the absence of respite, caregivers (especially the increasing number of elderly caregivers) experience high stress levels and may delay their own needed doctor visits. The requested funding would enable caregivers of seniors and persons with disabilities to receive assistance so that their care recipients can remain in the home as long as possible.

The Family Caregiver Program had the following prior Fiscal Year expenditures:

<b>Fiscal Year</b>	<b>Expenditures</b>
2015	2,596,034
2016	2,538,653

Expenditures for the Family Caregiver Program in in Fiscal Year 2016 included \$1,538,653 sourced from carryforward dollars from Fiscal Year 2015. In Fiscal Year 2017, the projected expenditure will be \$2,145,706, which will exhaust all carry forward from Fiscal Year 2016 and the current appropriation. In Fiscal Year 2017, the AAA's had to reduce the amount of services, despite increasing need. With no projected carry forward dollars available for Fiscal Year 2018, additional funding is needed to avoid an even more drastic cutback of assistance in 2018. Assistance to caregivers and thereby their care recipients is crucial in allowing individuals to remain in the home as long as possible and lower the overall financial burden on the state.

*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>METHOD OF CALCULATION</b>	<p>The requested amount was derived from prior expenditure trends, growth of the senior population, demands for services, and increasing costs of services.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Family Caregiver funds are expended based on availability of funds. However, in the absence of the additional appropriation request, there will be a decrease in services. This could lead to additional state expenditures for institutionalization as noted in the Summary section above.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>As this requested funding provides direct services to caregivers, insufficient funding would result in fewer services available to assist caregivers and their care recipients. This will impose a greater burden on state resources for placement of family -care recipients in a facility due to the inability of the caregiver to continue provide all necessary care.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The intended impact is to alleviate some of the stress and burden placed on the family caregiver so that the caregiver can continue to keep the care recipient in the home. The investment in the caregiver's needs is a cost-savings over the significantly more expensive alternative of institutional care for the care recipient.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>PROGRAM EVALUATION</b>	<p>The LGOA will provide programmatic monitoring and oversight for fidelity to the program requirements. Additionally, the program manager will randomly select family caregivers participating in this program and send out surveys to ascertain not only satisfaction with services received, but the impact and effectiveness of the intervention in sustaining their ability to provide care for their loved ones in the home.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Lieutenant Governor's Office		
<b>AGENCY CODE:</b>	E040	<b>SECTION:</b>	95

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	9613
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	Federal Funds Match
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$350,866
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	The Area Agency on Aging would receive the funds as matching Federal funds to provide services to the senior population.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>The LGOA provides programmatic and fiscal monitoring and oversight to ensure the funds are properly used for the intended purpose.</p>
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>No potential offset is available.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>This request is for the matching funds to the Federal funds received by grants and cooperative agreements.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>There is no funding alternative, as state matching funds are required to receive the Federal funds.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>SUMMARY</b>	<p>This request is to ensure compliance with match requirements in Federal grants and cooperative agreements. The LGOA has not requested an adjustment in the past two state fiscal years. However an increase in Federal funding has in turn increased the required state match. With the reauthorization of the Older Americans Act, there is a good probability of receiving additional Federal funds that will require additional matching funds.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The sum of the Federal funds multiplied by the percentage of the match to determine the total match required solely based on State Funds. Then, compared the amount that is required to the appropriated amount to determine the amount needed for Fiscal Year 2018.</p> <p>The amount needed as match for Fiscal Year 2018 is calculated as follows: \$1,486,111 in anticipated needs, minus the Fiscal Year 2017 appropriation amount of \$1,135,245, yielding the \$350,866 to cover the match requirement.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>As additional Federal funds are granted, the state match will increase accordingly to the requirements.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>PRIORITIZATION</b>	<p>This is high priority to ensure compliance with the Federal match requirements.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The intended impact is to ensure compliance with the Federal match requirements of the Federal grants and cooperative agreements that the LGOA receives and enters into.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>The LGOA will provide programmatic monitoring and oversight to adhere to the given program requirements.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Lieutenant Governor's Office		
<b>AGENCY CODE:</b>	E040	<b>SECTION:</b>	95

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	9631
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	Lieutenant Governor's Office Administration
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$218,180
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Tile 1, Chapter 3, Article 9 Lieutenant Governor's Office.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	The Lieutenant Governor's Office.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>The Lieutenant Governor serves as President of the Senate and assumes the position of Governor if for any reason the Governor is unable to perform the duties of that office. Additionally, state law grants the Lieutenant Governor statutory authority to head a State Office on Aging, the agency responsible for the coordination of aging services in South Carolina. The Lieutenant Governor's Chief of Executive Staff also serves as the Chief of Staff for the Lieutenant Governor's Office on Aging (LGOA). The Executive Staff participates extensively with the Chief of Staff in the operation of the LGOA, providing execution and oversight of procurement, human resource management, administration, policy, planning, budgeting, legal, community outreach, state and federal legislative interaction, and coordination with the 10 Area Agencies on Aging and service providers, to include information and referral service.</p>
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>No potential offset is available.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>No matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>No alternative funding sources available at this time.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>SUMMARY</b>	<p>The Appropriation Act provides fewer funds than the actual salaries and fringe for the Administration of the Lieutenant Governor's Office and the Administration Executive Staff that plays an integral role in running the LGOA. Please see the Accountability section above for additional clarification.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The actual amount of salaries minus the Appropriation Act to determine the amount to request.</p>		
	<b>Appropriations</b>	<b>Actual Expenditures</b>	<b>Difference</b>
	Executive Staff	297,734.00	453,567.00
	Other Staff	15,749.00	25,204.00
	Total Needed		<u>(165,288.00)</u>
	<p>The total salaries are \$165,288 plus \$52,892 for fringe to equal \$218,180.</p>		

*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>No future impact.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

*identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>This is high priority to ensure the Lieutenant Governor's administration is properly funded.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The intended impact is to ensure proper level of Administration to oversee the Lieutenant Governor's Office and LGOA is properly managed.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>The Lieutenant Governor's Office administration will provide the necessary leadership to accomplish the mission of the LGOA and provide the proper oversight of the programs.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Lieutenant Governor's Office		
<b>AGENCY CODE:</b>	E040	<b>SECTION:</b>	95

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	9932
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	Overtime Salaries and Fringe
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$57,111
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 43-21-10 Lieutenant Governor's Office on Aging
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	The Lieutenant Governor's Office on Aging Ombudsman Program, South Carolina Vulnerable Adult Guardian ad Litem, and Community Outreach Program.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Due to the nature of each program, there are situations which necessitate staff to work more than 7.5 hour days to accomplish the mission of the program. To comply with the Federal regulation that requires overtime to be paid to employees that make under \$47,476 annually, the agency will need \$42,620 in salaries and \$14,491 in fringe. The ombudsman staff has a Federal and State mandate to investigate reports of alleged abuse, neglect, and exploitation of vulnerable adults, which could occasionally cause an employee to earn overtime for providing the services. The South Carolina Vulnerable Adult Guardian ad Litem staff advocates in Family Court for the best interest of vulnerable adults who are in the custody of the Department of Social Services due to the abuse, neglect, and exploitation of seniors. The staff does not control the time of the court hearing or the time required to conduct investigations to determine the best interest of the vulnerable adult which could cause occasional overtime. The Community Outreach Program works with the Emergency Management Division when activated by the Governor and attends community program events to accomplish the objective of the division that would occasionally require overtime based on the new Federal regulation.</p>
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>There is no potential offset to meet this Federal requirement.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>The Ombudsman program receives limited Federal funds. The South Carolina Vulnerable Adult Guardian ad Litem Program and Community Outreach Programs do not have any matching funds.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>There is no available alternative funding identified at this time.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

*comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>The Lieutenant Governor's Office on Aging needs \$42,620 for salaries and \$14,491 for fringe to comply with new Federal regulations in effect beginning on December 1, 2016. The regulations require employees that make under \$47,476 be paid for overtime. South Carolina state government has established an effective date of November 17, 2016, for implementation as to state employees. The Ombudsman Program, the South Carolina Vulnerable Adult Guardian ad Litem Program, and Community Outreach Program all have staff that meet the salary qualifications and have working hours that may require that they receive overtime.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The agency carefully reviewed all employees to identify the qualified staff and factored each staff member's salary individually to determine a reasonable projected amount to ensure compliance with the new Federal regulation. The agency took into consideration the potential number of overtime hours for each program and determined the total overtime pay by each program to yield a gross total of \$42,620 for salaries and \$14,491 for fringe for grand total of \$57,111.</p> <p>The agency took into consideration the number of weeks that would potentially have overtime by reducing the number for annual leave, sick leave, and holidays. In addition, the South Carolina Vulnerable Adult Guardian ad Litem reduced the number of potential weeks of overtime for the weeks when court hearings are not scheduled. The Community Outreach Program factored the appropriate number of days for Emergency Management Division activation by the Governor each year and a few events throughout the year that would exceeds 7.5 hours a day. The agency determined the range of potential overtime hours could be between one and three hours for each of an estimated 46-48 weeks based on the nature of the work performed by each division.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>FUTURE IMPACT</b>	<p>The only future impact would be if the Federal regulations are changed to increase the qualifying salary threshold, which could increase the number of employees qualified for overtime pay.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>This is a high priority to ensure the agency has enough funds to ensure compliance with the Federal regulation to pay overtime to qualified employees.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>To ensure compliance with the Federal regulation over the fiscal year.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>These funds would be used and monitored by Human Resource to pay authorized overtime to qualified employees based on the Federal regulation.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Lieutenant Governor's Office		
<b>AGENCY CODE:</b>	E040	<b>SECTION:</b>	95

**FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	<b>95.5</b>
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*Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").*

<b>TITLE</b>	<b>LTG: Home and Community-Based Services</b>
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*Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	<b>II Office on Aging A. Home and Community Based Services</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	
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*Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.*

<b>REQUESTED ACTION</b>	<b>Amend</b>
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	<p>The revision is to up-date the methodology for allocating the Home and Community-Based Services funds by taking into account all relevant factors. The Lieutenant Governor's Office on Aging requests one-quarter of one percent to be used to conduct monitoring and oversight over the program to ensure the funds are properly used for the allowable services as defined by the proviso. The amount retained by the Lieutenant Governor's Office on Aging for emergency and/or natural disaster was reduced from 5% to 3%.</p>
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>EXPLANATION</b>	<p>The Lieutenant Governor's Office on Aging will develop a methodology for allocating the Home and Community-Based Services funds, taking into account relevant factors to obtain the mission of the office.</p> <p>The reduction of the emergency and/or natural disaster allocation from 5% to 3% is an effort to provide more funds to core services for seniors. At the current appropriation amount, the 3% would provide \$329,160 for emergency and/or natural disaster funds, which is projected to be sufficient.</p> <p>The Lieutenant Governor's Office on Aging is requesting one-quarter of one percent to provide monitoring and oversight of the Home and Community-Based Services activities. The amount at the current appropriation would total \$27,430 over a \$10,972,000 program, which is a reasonable amount of funds to provide and support monitoring activities to ensure the core service funds are used as intended.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>The fiscal impact is based on the amount of the appropriation and is a relatively small amount compared to the total appropriation to provide oversight and monitoring of the program.</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

**PROPOSED  
PROVISO TEXT**

**95.5.** (LTG: Home and Community-Based Services) State funds appropriated for Home and Community-Based Services shall be used to fund those services that most directly meet the goal of allowing seniors to live safely and independently at home.

Allowable services as defined in the Lieutenant Governor's State Plan include: group dining, home delivered meals, transportation to group dining sites, transportation for essential trips, ~~Home Care Level I and II~~, personal care (formerly Home Care Level I), homemaker (formerly Home Care Level II) Home Chore, Home Modification, Legal Assistance, and Assessments,~~and~~, Area Agencies on Aging (AAAs) may expend no more than ten percent for administrative services. ~~All state funds appropriated for Home and Community-Based Services are to be allocated based on the Intrastate Funding Formula, and one-quarter of one percent will be retained by the Lieutenant Governor's Office on Aging to provide monitoring and oversight of the program.~~ However, up to ~~five~~ three percent of the annual state appropriation for Home and Community Based Services may be retained at the ~~state office~~ Lieutenant Governor's Office on Aging to be allocated by the Lieutenant Governor's Office on Aging to the affected regions in cases of ~~a recognized~~ an emergency and/or natural disaster recognized by the Lieutenant Governor. If these funds are not utilized in the fiscal year allocated, they are to be treated as carry forward funds and reallocated to the AAAs.

The Interstate Funding Formula is to be used as a guideline for allocation of state funds appropriated for Home and Community-Based Services. The Lieutenant Governor's Office on Aging shall develop and implement a structured methodology to allocate the state Home and Community-Based Services funding. The methodology shall include flexibility to reallocate funds amongst the AAAs, and be composed, at a minimum, of the following factors: a minimal base amount, the fiscal year's federally allocated funds, carry forward funds (federal and state), and an appropriate weighted proportion that will achieve the mission of the Lieutenant Governor's Office on Aging to provide as many services as possible to the citizens of South Carolina.

~~The~~ Each AAAs ~~are to~~ shall submit a budget for approval by the Lieutenant ~~Governors~~ Governor's Office on Aging indicating the services to be provided. Any unexpended Home and Community-Based Services funds in this program shall be carried forward by the Lieutenant Governor's Office on Aging and used for the same purposes. Funds may not be transferred from the Home and Community-Based special line item for any other purpose.

*Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

<b>AGENCY NAME:</b>	Lieutenant Governor's Office		
<b>AGENCY CODE:</b>	E040	<b>SECTION:</b>	95

<b>AGENCY NAME:</b>	Lieutenant Governor's Office		
<b>AGENCY CODE:</b>	E040	<b>SECTION:</b>	95

**FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	<b>NEW</b>
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*Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").*

<b>TITLE</b>	<b>Alzheimer's Resource Coordination Center (ARCC)</b>
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*Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	<b>II. Office on Aging B. Office on Aging Assistance</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	No
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*Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.*

<b>REQUESTED ACTION</b>	<b>Add</b>
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	<p>Pursuant to 44-36-320 and 43-21-10, The Lieutenant Governor's Office on Aging is mandated to facilitate the Alzheimer's Resource Coordination Center Advisory Council and oversee a dementia-specific grant program through monitoring of programmatic requirements as well as grantee fidelity. These grants go to help start up and expand non-profit organizations that provide respite care for family caregivers caring for Alzheimer's patients. The Lieutenant Governor's Office on Aging will utilize 5% of the funding for administration of the aforementioned activities.</p>
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>EXPLANATION</b>	<p>To accomplish the responsibilities of providing the oversight and monitoring activities over ARCC activities, the Lieutenant Governor's Office on Aging would designate 5% of the funds to administer the program. Dedicated administrative funding would improve accountability and programmatic oversight.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>The fiscal impact is based on the amount of the appropriation and is a relatively small amount to ensure program fidelity, oversight, and grant monitoring.</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

The Alzheimer's Resource Coordination Center (ARCC) is mandated to facilitate the Alzheimer's Resource Coordination Center Advisory Council. The ARCC also oversees a grant program to assist communities and other entities in addressing issues relative to Alzheimer's disease and other related disorders. The Lieutenant Governor's Office on Aging is responsible for staff oversight and monitoring of the programmatic requirements of the grants, as well as all duties required for the Council. The Lieutenant Governor's Office on Aging shall utilize 5% of the funding for administration of the aforementioned activities.

**PROPOSED  
PROVISO TEXT**

*Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

<b>AGENCY NAME:</b>	Lieutenant Governor's Office		
<b>AGENCY CODE:</b>	E040	<b>SECTION:</b>	95

**FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	<b>NEW</b>
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*Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").*

<b>TITLE</b>	<b>Family Caregiver State Funds</b>
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*Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	<b>II Office on Aging B. Office on Aging Assistance – Family Caregivers</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	
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*Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.*

<b>REQUESTED ACTION</b>	<b>Add</b>
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	<p>The Lieutenant Governor's Office on Aging provides grant assistance to family caregivers to alleviate some of the burden and stress of caring for loved ones. The agency is responsible for staff oversight and monitoring of the programmatic and administrative requirements of the state caregiver funds. The Lieutenant Governor's Office on Aging will utilize 1% of the funding for the administration of the aforementioned activities.</p> <p>The Family Caregiver Program had the following prior Fiscal Year expenditures:</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Expenditures</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>2,596,034</td> </tr> <tr> <td>2016</td> <td>2,538,653</td> </tr> </tbody> </table> <p>These are state funds that support the Family Caregiver program. Given the large dollar amounts, a 1% administration and oversight expenditure is a prudent measure to ensure the funds are spent efficiently and effectively.</p>	Fiscal Year	Expenditures	2015	2,596,034	2016	2,538,653
Fiscal Year	Expenditures						
2015	2,596,034						
2016	2,538,653						

*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>EXPLANATION</b>	<p>To accomplish the responsibilities of providing oversight and monitoring of the program activities over the Family Caregiver Program, the Lieutenant Governor's Office on Aging would designate 1% of the funds to administer the program. Dedicated administrative funding would improve accountability and programmatic oversight.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>The fiscal impact is based on the amount of the appropriation and is a relatively small amount to ensure program fidelity, oversight, and monitoring.</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

The Lieutenant Governor's Office on Aging is mandated to provide assistance to family caregivers to assist in keeping seniors in their homes and out of expensive alternative facilities for as long as possible, which reduces the cost to other state agencies. The Lieutenant Governor's Office on Aging is responsible for staff oversight and monitoring of the programmatic as well as administrative requirements of the State Family Caregiver Program. The Lieutenant Governor's Office on Aging will utilize 1% of the Family Caregiver state funds for the administration of the aforementioned activities.

**PROPOSED  
PROVISO TEXT**

*Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

<b>AGENCY NAME:</b>	Lieutenant Governor's Office		
<b>AGENCY CODE:</b>	E040	<b>SECTION:</b>	95

**FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	95.7
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*Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").*

<b>TITLE</b>	LTG: Referring Agency
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*Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	
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*Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.*

<b>REQUESTED ACTION</b>	Delete
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	<p>The Lieutenant Governor's Office on Aging has expanded beyond this specific activity with the Information and Referral Specialists who provide referrals that meet the entire senior's request by utilizing all available resources, which includes the Office of Economic Opportunity at the Governor's Office of Executive Policy and Programs.</p>
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

<b>AGENCY NAME:</b>	<b>Lieutenant Governor's Office</b>		
<b>AGENCY CODE:</b>	<b>E040</b>	<b>SECTION:</b>	<b>95</b>

<b>EXPLANATION</b>	<p>The objective of the proviso was met in the original year. Agency staff worked closely with the House Ways and Means staff to provide the required information. Relations with the Community Action Councils improved throughout the state. The Lieutenant Governor's Office on Aging partners with the Office of Economic Opportunity.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>No Fiscal Impact as this was only a reporting requirement.</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	Lieutenant Governor's Office		
<b>AGENCY CODE:</b>	E040	<b>SECTION:</b>	95

<p><b>PROPOSED PROVISO TEXT</b></p>	<p><del><b>95.7.</b> (LTG: Referring Agency) The Lieutenant Governor's Office on Aging shall serve as a "referring agency" to the fourteen Community Action Agencies (CAAs) in South Carolina and to the Governor's Office of Executive Policy and Programs, Office of Economic Opportunity for services for the elderly population. The Governor's Office of Executive Policy and Programs shall provide a report to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee by September first on all referrals received from the Lieutenant Governor's Office on Aging in the prior fiscal year and on the status of the referrals.</del></p>
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*Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

<b>AGENCY NAME:</b>			
<b>AGENCY CODE:</b>		<b>SECTION:</b>	

**FORM E – 3% GENERAL FUND REDUCTION**

<b>DECISION PACKAGE</b>	<b>9637</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Agency General Fund Reduction Analysis</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>-\$530,888</b>
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*What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package's total in PBF.*

<b>METHOD OF CALCULATION</b>	Factor one week of furlough for Executive and Lieutenant Governor's Office on Aging staff salary and fringe for total of \$44,202, reduce Administration operating expenditures by \$25,000, and reduce Home and Community-Based Services by \$461,686 to meet the reduction requirement of \$530,888.
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*Describe the method of calculation for determining the reduction in General Funds.*

<b>ASSOCIATED FTE REDUCTIONS</b>	None
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM/ACTIVITY IMPACT</b>	The only program impacted is the Home and Community-Based Services. The agency will implement a one week furlough for all staff and reduce operating expenditures.
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*What programs or activities are supported by the General Funds identified?*

<b>AGENCY NAME:</b>			
<b>AGENCY CODE:</b>		<b>SECTION:</b>	

<b>SUMMARY</b>	<p>If the reduction is implemented, the Lieutenant Governor's Office will implement a one week furlough for all staff to reduce the impact for services provided by Area Agency on Aging to provide services to the seniors. The Lieutenant Governor's Office will reduce operating expenditures by \$25,000 as additional measure to reduce the impact to seniors. The Home and Community-Based Services (HCBS) expenditure would be reduced by \$461,686, which was the best option to reduce the impact to services to the seniors of the State of South Carolina. The HCBS program received an additional \$1,500,000 for fiscal year 2017 for a total budget of \$10,972,000. Given this recent increase, the HCBS program is better situated than other programs to absorb a reduction in funding.</p>
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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.*