Agency Name:	Department on Aging		
Agency Code:	L060	Section:	40

Fiscal Year FY 2026-2027
Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

	For FY 2026-2027, my agency is (mark "X"):	
OPERATING REQUESTS *(FORM B1)*	X	Requesting General Fund Appropriations.
	X	Requesting Federal/Other Authorization.
		Not requesting any changes.

	For FY 2026-2027, my agency is (mark "X"):	
NON-RECURRING REQUESTS *(FORM B2)*		Requesting Non-Recurring Appropriations.
		Requesting Non-Recurring Federal/Other Authorization.
	X	Not requesting any changes.

	For FY 2026-2027, my agency is (mark "X"):	
CAPITAL REQUESTS *(FORM C)*		Requesting funding for Capital Projects.
	X	Not requesting any changes.

	For FY 2026-2027, my agency is (mark "X"):	
PROVISOS *(FORM D)*	X	Requesting a new proviso and/or substantive changes to existing provisos.
		Only requesting technical proviso changes (such as date references).
		Not requesting any proviso changes.

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

	Name	***Phone***	***Email***
PRIMARY CONTACT:	Syeeda R. Gallman	(803) 734-9917	srgallman@aging.sc.gov
SECONDARY CONTACT:			

I have reviewed and approved the enclosed FY 2026-2027 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	Agency Director	***Board or Commission Chair***
SIGN/DATE:	Connie D. Munn 9/26/2025	
TYPE/PRINT NAME:	Connie D. Munn	

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

Agency Name:	Department on Aging
Agency Code:	L060
Section:	40

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Federal Authorization & Maintenance of Effort	2,500,000	7,500,000	0	0	10,000,000	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	Home and Community Based Services (HCBS) - Pt. II	10,431,000	0	0	0	10,431,000	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Increased Agency Operations	621,902	0	0	0	621,902	2.00	0.00	0.00	0.00	2.00
4	B1 - Recurring	Ombudsman Allocations to AAAs - Pt. II	500,000	0	0	0	500,000	0.00	0.00	0.00	0.00	0.00
5	B1 - Recurring	FTE Rebalancing	0	0	0	0	0	1.20	3.80	-5.00	0.00	0.00
TOTALS			14,052,902	7,500,000	0	0	21,552,902	3.20	3.80	-5.00	0.00	2.00

Agency Name:	Department on Aging		
Agency Code:	L060	Section:	40

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

1

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Federal Authorization & Maintenance of Effort

Provide a brief, descriptive title for this request.

AMOUNT

General: $2,500,000

Federal: $7,500,000

Other: $0

Total: $10,000,000

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
X	Change in cost of providing current services to existing program audience
X	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
	HR/Personnel Related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
X	Government and Citizens

ACCOUNTABILITY OF FUNDS

Strategy 1.3
Assess the landscape of services and resources to ensure they adequately meet the unique needs by soliciting feedback, analyzing data, and adapting program offerings to address any gaps or shortcomings.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

FTEs within SCDOA to include salary, employee benefits and operating cost.

RECIPIENTS OF FUNDS	State vendors will receive funds for goods and servcies provided. AAAs/Providers to provide services within the aging network.

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?

JUSTIFICATION OF REQUEST	**Need:** Aging is requesting additional federal authorization to appropriately spend additional federal funds. In addition, 25% state match is required for grant Maintenance of Effort. **Justification:** The DHHS method for awarding funds to states is heavily based on the Intrastate Funding Formula (IFF). As South Carolina's 60+ population grows, there is a direct correlation in the additional funds recieved through the Older Americans Act (OAA) to fund services to our older adults and adults with disabilities. **Outcome/ROI:** Additional federal authorization and state match would allow Aging to spend the total projected grant awards and use funds to provide services to the increasing population. **Impact If Unfunded:** If this request is not appropriated, temporary authorization could be requested but Aging would risk the return of unspent federal funds without the required state match.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department on Aging		
Agency Code:	L060	Section:	40

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

2

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Home and Community Based Services (HCBS) - Pt. II

Provide a brief, descriptive title for this request.

AMOUNT

General: $10,431,000

Federal: $0

Other: $0

Total: $10,431,000

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
X	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
X	Loss of federal or other external financial support for existing program
X	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
X	HR/Personnel Related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
X	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Strategy 1.1
Accessibility: Enhance access to OAA and HCBS services, along with other essential services, by broadening options, offering a range of services, providing assistive technologies, and ensuring that physical locations are fully accessible.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

Adults 60+ that qualify to receive Home and Community Based Services. Funds are

RECIPIENTS OF FUNDS

allocated to the AAAs to provide services through the aging network of providers.

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?

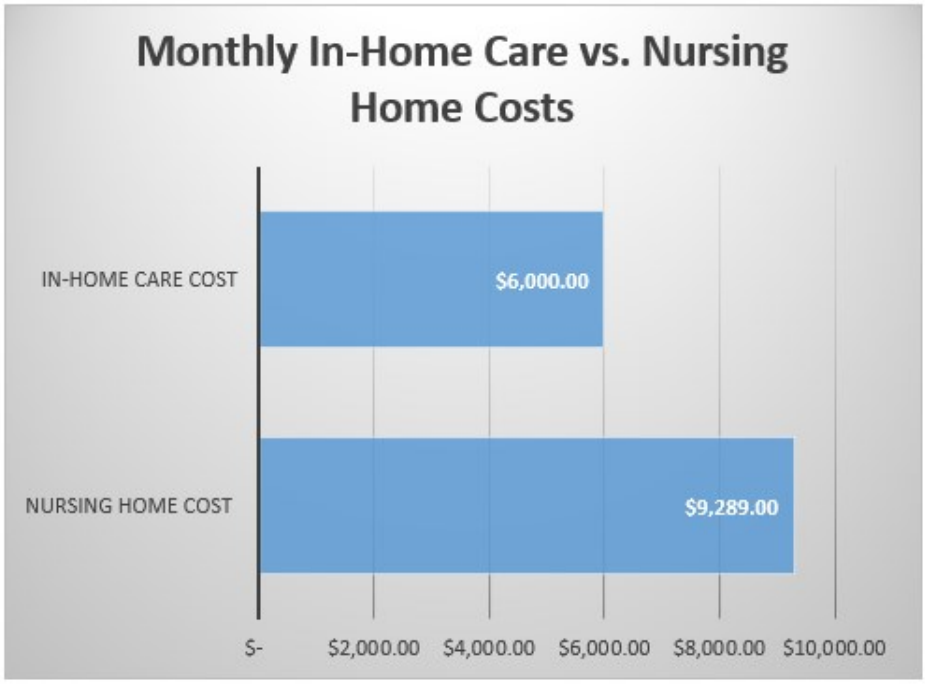
JUSTIFICATION OF REQUEST

Need: This is a Follow-up to the FY26 HCBS request for the remaining state funds needed to continue adequately serving eligible citizens. South Carolina is experiencing significant growth to our aging population in addition to inflationary costs for services. Additional state funding is critical to meet the increasing demand and to ensure service continuity.

Justification: Aging was appropriated $10 million of the $19.8 million requested in FY26. The current request was adjusted to include new services (pest and dental) and a 4% CPI adjustment.

FY26 Budget Request	**$**	**19,870,361**
FY26 appropriation	$	10,000,000
	$	9,870,361
Proviso 40.5 new services (Pest & Dental)	$	159,000
	$	**10,029,361**
with 4% CPI Adjustment	**$**	**10,430,536**

Outcome/ROI: Home and community based services allow adults to age safely in place, reducing the need for costly institutional care in hospitals or nursing homes. Institutional care is significantly more expensive than HCBS options, therefore providing savings to the state of over $3,000/month.



Source of Data: https://www.seniorliving.org/nursing-homes/costs/

Impact If Unfunded: If this request is not funded, the agency will face difficulty keeping up with the needs of eligible citizens, which could lead to service waitlisting.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department on Aging		
Agency Code:	L060	Section:	40

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

3

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Increased Agency Operations

Provide a brief, descriptive title for this request.

AMOUNT

General: $621,902

Federal: $0

Other: $0

Total: $621,902

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

2.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
X	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
X	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
X	IT Technology/Security related
X	HR/Personnel Related
X	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
X	Government and Citizens

ACCOUNTABILITY OF FUNDS

Strategy 1.2
Implement robust outreach and education efforts to raise awareness about available services and how to access them, targeted communication campaigns, partnership with community organizations, and clear, user-friendly materials.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

FTEs within SCDOA which includes salary, employee benefits and operating costs.

RECIPIENTS OF FUNDS	State vendors will receive funds for goods and services provided to operate the program.

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?

JUSTIFICATION OF REQUEST

IT Requirements - $324,529

1 State FTE - eLearning/ Learning Management System (LMS) Program Coordinator - $110,529
Salary - $70,300
Fringe 43% - $30,229
Operational - $10,000

Service System -$104,000
Maintenance - $14K
Licensing - $90K

Assessment System - $50,000
Licensing - $50K

Ombudsman System - $60,000
Licensing - $60K

Need: SCDOA is requesting $324,529 to support IT systems essential to agency operations. IT has modernized systems supporting the aging network and additional funding is required for IT infrastructure maintenance and licensing.

The agency is also requesting an additional FTE for an eLearning Program Coordinator. This position will deliver streamlined training through a centralized system to AAAs, providers and other public partners who do not have access to the state's SCEIS training system.

Justification: SCDOA has expanded digital services to the aging network to make processes more efficient. As we complete the IT capital project and implement new systems, A consistent stream of funding is required to maintain IT systems that improve service delivery and reporting.

Outcome/ROI: The new IT systems are a cost savings to the state which allows for virtual training that reduce the costs of materials and travel. System reporting also allows real-time data entry to efficiently review performance metrics.

Impact if Unfunded: If this request is not funded, newly implemented systems may go unused therefore decreasing productivity due to slow, unreliable systems and unavailable IT support.

New Marketing & Communications Division - $297,373

Program Operations - $200,000

1 State FTE - Communications Coordinator - $97,373
Salary - $61,100
Fringe 43% - $26,273
Operational - $10,000

Need: SCDOA is requesting $297,373 to establish a Marketing and Communications Division. The total includes an additional FTE and $200,000 operational funds for the new division to expand outreach and properly educate the public on agency programs

and services.

Justification: SCDOA is often questioned on the outreach and promotion of services. The agency has a Communications Director that participates in many outreach events, but to enlarge our footprint and visibility, an additional staffer and funding is needed. Grants were previously used for promotional efforts but consistent funding is required for continuity.

Outcome/ROI: Recurring funds would allow Aging to increase outreach and advertising to promote agency awareness.

Impact if Unfunded: If this request is not funded, advertising and outreach would decrease once the grant ends, leaving eligible citizens unaware of available programs and services.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department on Aging		
Agency Code:	L060	Section:	40

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

4

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Ombudsman Allocations to AAAs - Pt. II

Provide a brief, descriptive title for this request.

AMOUNT

General: $500,000

Federal: $0

Other: $0

Total: $500,000

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
X	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
	HR/Personnel Related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
	Healthy and Safe Families
X	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Strategy 4.2
Safety and Security: Implement initiatives that promote physical, mental, and emotional well-being, recognizing the importance of preventing abuse, neglect, and exploitation, as well as the need for social connections and effective support systems.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF

Allocations to regional Area Agencies on Aging (AAAs).

FUNDS	

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?

JUSTIFICATION OF REQUEST	**Need:** This is part II of the FY26 Budget Request which provided Ombudsman funding to 5 new regions. Additional funding is now needed to strengthen the Long-Term Care Ombudsman Program and expand staffing, training, and outreach throughout the regions. As our senior population grows, so does the need for dedicated long-term care resident advocates who safeguard dignity, resolve complaints, and work to ensure residents receive quality care. **Justification:** South Carolina's older adult population is currently 1-in-4 and is projected to increase in the next decade. This will result in an increase in admissions to nursing homes, assisted living facilities, and other long-term care settings. The agency is seeing an increased need for Ombudsman services. Many residents arrive without family or friends available to address concerns about medical treatment, safety, or quality of life. Often, the Ombudsman Program provides the only protection for these citizen during their most vulnerable years. **Outcome/ROI:** With increased funding, we will be able to: • Reduce complaint-response times • Retain specially trained Ombudsman staff • Conduct routine monitoring visits in certified long-term care facilities • Increase training sessions for staff and community volunteers • Provide early intervention, averting hospital readmissions and costly legal disputes • Improve resident satisfaction and quality-of-care **Impact if unfunded**: Without additional funding, the Ombudsman Program faces: • Increased abuse or neglect cases within long-term care facilities • Longer waits for residents' complaints and unresolved quality-of-care issues • Reduced visibility into facility operations • Erosion of public trust and increased liability for state agencies and care providers

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department on Aging		
Agency Code:	L060	Section:	40

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

5

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

FTE Rebalancing

Provide a brief, descriptive title for this request.

AMOUNT

General: $0

Federal: $0

Other: $0

Total: $0

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
X	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
X	HR/Personnel Related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
X	Government and Citizens

ACCOUNTABILITY OF FUNDS

Strategy 1.3
Accessibility: Assess the landscape of services and resources to ensure they adequately meet the unique needs by soliciting feedback, analyzing data, and adapting program offerings to address any gaps or shortcomings.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF

FTEs within SCDOA to include salary, employee benefits and operating costs.

FUNDS	

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?

JUSTIFICATION OF REQUEST	This is a repeat request from FY26 which is needed for compliance with proviso 177.14: FTE Management. To correctly align agency FTEs with funds, the following adjustment is required- • Move 5.0 FTEs from Other - 1.2 FTEs to State and 3.8 FTEs to Federal

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department on Aging		
Agency Code:	L060	Section:	40

FORM D – PROVISO REVISION REQUEST

NUMBER	40.5
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	Home & Community-Based Services
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	0500.204000x000 - HCBS
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	B1 - Home & Commnity Based Services
	Is this request associated with a budget request you have submitted for FY 2026-2027? If so, cite it here.
REQUESTED ACTION	Amend
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	No state agencies but will affect Area Agencies on Aging (AAAs).
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	During funding emergencies, the agency may limit HCBS services to meals and transportation to continue delivering services that are needed the most.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

The proviso amendment would allow Aging to direct resources to the most demanded services (meals and transportation) if operating within funding constraints.

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISO TEXT

40.5. (AGING: 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 Department on Aging's State Plan, include programs to promote social connection, group dining, home delivered meals, transportation to group dining sites, transportation for essential trips, personal care, homemaker, home chore, home modification, legal assistance, assessments, dental services, and pest control. **During funding emergencies to include a mid-year reduction, delay or elimination of federal funding, services may be limited to meals and transportation only.**

Area Agencies on Aging (AAAs) may expend no more than ten percent for administrative services and one-quarter of one percent shall be retained by the Department on Aging to provide monitoring and oversight of the program. However, up to three percent of the annual state appropriation for Home and Community-Based Services may be retained at the Department on Aging to be allocated by the department to the affected regions in cases of an emergency and/or natural disaster recognized by the 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 Intrastate Funding Formula shall be used as a guideline for the allocation of state funds appropriated for Home and Community-Based Services. The Department 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 of, at a minimum, the following factors: a minimum base amount, the fiscal year's federally allocated funds, federal and state carry forwards funds, and an appropriate weighted proportion that will achieve the mission of the Department on Aging to provide as many services as possible to the citizens of South Carolina.

Each AAA shall submit a budget for approval by the Department on Aging indicating the services to be provided. Any unexpended Home and Community-Base Services funds in this program shall be carried forward by the Department 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 existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Department on Aging		
Agency Code:	L060	Section:	40

FORM D – PROVISO REVISION REQUEST

NUMBER	40.NEW
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	Return of Unused Agency Reserves
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	8900.000000X000 - 10% General Fund Carryforward
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	N/A
	Is this request associated with a budget request you have submitted for FY 2026-2027? If so, cite it here.
REQUESTED ACTION	Add
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	No state agencies but will affect Area Agencies on Aging (AAAs).
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	Gives agency the ability to replenish the agency reserve account if any portion of funds remain unused after an emergency move for services.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

Allows the agency to retain a better financial position for future funding emergencies by recouping unused reserve funds.

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISO TEXT

In the event of a delay or elimination of federal funding during the fiscal year, the Department of Aging may allocate funds in its General Fund Carryforward reserve account to ensure that services continue to be provided. Should these reallocated funds not be fully expended by the end of the current or subsequent fiscal year, the Department of Aging may return the unused funds to other agency reserves.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Department on Aging		
Agency Code:	L060	Section:	40

FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION CONTINGENCY PLAN

TITLE	3% Cost Reduction
AMOUNT	$1,108,579 *What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*
ASSOCIATED FTE REDUCTIONS	None - Services would be impacted by the 3% General Fund Cost Reduction. *How many FTEs would be reduced in association with this General Fund reduction?*
PROGRAM / ACTIVITY IMPACT	The following Aging programs would be reduced to support the 3% cost reduction: • Geriatric Loan Forgiveness • Silver Haired Legislature • Family Caregivers • VAGAL • Home Stabilization *What programs or activities are supported by the General Funds identified?*
SUMMARY	SCDOA is currently navigating a significant increase of our older adult population and is unable to manage a 3% reduction in budget without impacting current services. The following programs would be reduced by the reflected amounts: • Geriatric Loan Forgiveness - $35,000 • Silver Haired Legislature - $15,000 • Family Caregivers - $458,579 • VAGAL - $300,000 • Home Stabilization - $300,000

Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.

AGENCY COST SAVINGS PLANS

SCDOA continuously researches ways to reduce agency spending, however since most of the agency's costs are tied to service delivery, meeting the 3% cost reduction is a challenge. SCDOA is currently operating with minimal staff and cannot support agency operations if FTEs are reduced.

What measures does the agency plan to implement to reduce its costs and operating expenses by more than $50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?