

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95



Fiscal Year 2015-16 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	My agency is submitting the following recurring decision packages (Form B): 3771, 3849, 3873, 3876, 3879, 3897, 3926, 3879		
	For FY 2015-16, 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.	

CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)	My agency is submitting the following one-time decision packages (Form C): 3858		
	For FY 2015-16, my agency is (mark "X"):		
	<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.	
	<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.	

PROVISOS	For FY 2015-16, 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>
PRIMARY CONTACT:	Marie Waller	(803) 896-2080	mariewaller@scstatehouse.gov
SECONDARY CONTACT:	Tony Kester	(803) 734-9910	kester@aging.sc.gov

I have reviewed and approved the enclosed FY 2015-16 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

SIGN/DATE:	<u>Agency Director</u>	<u>Board or Commission Chair</u>
	 9/30/14 Lieutenant Governor J. Yancey McGill	NA
TYPE/PRINT NAME:		

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

AGENCY NAME:

Lieutenant Governor's Office

AGENCY CODE:

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SECTION:

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE

3771*Provide the decision package number issued by the PBF system ("Governor's Request").*

TITLE

Home and Community Based Services*Provide a brief, descriptive title for this request.*

AMOUNT

General Fund: \$5,000,000*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

ENABLING AUTHORITY

43-21-40 (i) award grants and contracts to public and private organizations for the purpose of planning, coordinating, administering, developing, and delivering aging programs and services;

*What 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?*FACTORS ASSOCIATED
WITH THE REQUEST**Mark "X" for all that apply:**

- | | |
|-------------------------------------|--|
| <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"/> | 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 checked="" 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. |

RECIPIENTS OF FUNDS

Funds would be allocated to the Area Agencies on Aging who contract for services to be provided to seniors based on need to allow them to remain at home and out of more expensive institutional placement.

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?

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RELATED REQUEST(s)	NA
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No match has been identified at this time.
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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.

FUNDING ALTERNATIVES	The agency is not aware of other funding sources for this request.
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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.

SUMMARY	<p>Home and Community Based Services funds allow seniors to remain at home and out of more expensive institutional care. The senior population is growing at a rate that will strain existing services and programs. Many of these program are more costly to the state, which is why HCBS are cost effective. The client is served at an average cost of \$1,400. These funds would purchase home delivered meals, group dining meals, transportation and home care. Lack of nutrition, transportation and home care assistance are the major reason seniors cannot remain at home and must move to more expensive institutional care. Once this occurs the senior spends down personal resources quickly and becomes Medicaid eligible at a much higher cost to the State.</p> <p>The funding will allow the Lieutenant Governor's Office on Aging to serve approximately 3,500 seniors who are currently not receiving services.</p>
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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.

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**METHOD OF
CALCULATION**

This calculation is based on growing senior population throughout the State and the projected increase of expenditures based on this growth and the need for services.

How was the amount of the request calculated? 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

There is no future impact as funds are utilized to procure services based on availability of funding.

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

If new funds are not available, seniors will not be served, waiting list will increase, and more expensive services will be required, such as enrollment in Medicaid or nursing home placement.

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 2015-16?

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INTENDED IMPACT	Any funding received will be utilized to ensure seniors have a more fulfilling life and are able to remain at home and out of more expensive institutional care.
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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?

PROGRAM EVALUATION	The Lieutenant Governor's Office on Aging is currently working with Clemson University to conduct a study showing the impact of the services provided and charting a course for the best utilization of funding.
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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?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	3849 <i>Provide the decision package number issued by the PBF system ("Governor's Request").</i>																				
TITLE	Caregivers <i>Provide a brief, descriptive title for this request.</i>																				
AMOUNT	General Fund: \$2,000,000 <i>What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.</i>																				
ENABLING AUTHORITY	<p>43-21-40 (g) 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; (i) award grants and contracts to public and private organizations for the purpose of planning, coordinating, administering, developing, and delivering aging programs and services;</p> <p><i>What 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?</i></p>																				
FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark "X" for all that apply:</p> <table style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Allocation of statewide employee benefits.</td></tr> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Realignment within existing programs and lines.</td></tr> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i></td></tr> <tr><td><input type="checkbox"/></td><td>Change in cost of providing current services to existing program audience.</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Change in case load / enrollment under existing program guidelines.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated change in eligibility / enrollment for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated program change in service levels or areas.</td></tr> <tr><td><input type="checkbox"/></td><td>Proposed establishment of a new program or initiative.</td></tr> <tr><td><input type="checkbox"/></td><td>Loss of federal or other external financial support for existing program.</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Exhaustion of fund balances previously used to support program.</td></tr> </table>	<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"/>	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 checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program.
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<input type="checkbox"/>	Loss of federal or other external financial support for existing program.																				
<input checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program.																				
RECIPIENTS OF FUNDS	<p>Funds would be allocated to the Area Agencies on Aging who contract for services to be provided to caregivers. Ultimately the benefit would be recognized by the senior and their caregiver allowing them to remain at home and out of more expensive institutional placement.</p> <p><i>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?</i></p>																				

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RELATED REQUEST(S)	NA
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No match has been identified at this time.
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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.

FUNDING ALTERNATIVES	The agency is not aware of other funding sources for this request.
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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.

SUMMARY	<p>Funding would allow caregivers for seniors and adults with disabilities to take a much needed break from their caregiver duties. The over 770,000 caregivers in South Carolina are essential to ensuring seniors are able to remain at home and out of more expensive institutional care and the Medicaid roles. This alternative benefits the affected senior, their caregiver and the State. The requested funding will cover 4,000 vouchers which are valued at \$500. Estimates put the value of the services provided by these caregivers at over \$7.4 billion.</p>
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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.

AGENCY NAME:**Lieutenant Governor's Office****AGENCY CODE:****E040****SECTION:****95****METHOD OF
CALCULATION**

This calculation is based on growing senior population throughout the State and the projected increase of expenditures based on this growth and the need for services.

How was the amount of the request calculated? 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

There is no future impact as funds are utilized to procure services based on availability of funding.

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

If new funds are not available, caregivers will not receive much needed rest and may not be able to continue providing care to seniors. If this occurs more expensive services will be required, such as enrollment in Medicaid or nursing home placement.

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 2015-16?

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INTENDED IMPACT

The funding provided will allow caregivers to receive much needed breaks and rest from the care they are providing seniors. This will help the caregivers continue providing care to the senior, thus helping the senior stay in their home. The requested funding will cover 4,000 vouchers.

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

PROGRAM EVALUATION

The agency will provide a satisfaction survey to caregivers receiving vouchers as a way of evaluating the success of the program. Results of the survey will allow the agency to determine the effectiveness of the program.

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?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	3897 <i>Provide the decision package number issued by the PBF system ("Governor's Request").</i>																				
TITLE	Ombudsman Restoration <i>Provide a brief, descriptive title for this request.</i>																				
AMOUNT	General Fund: \$270,000 <i>What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.</i>																				
ENABLING AUTHORITY	<p>43-21-40 (g) 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; 43-35-15 (B) Except as otherwise provided in subsection (D), the Long Term Care Ombudsman Program shall investigate or cause to be investigated noncriminal reports of alleged abuse, neglect and exploitation of vulnerable adults occurring in facilities.</p> <p><i>What 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?</i></p>																				
FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark "X" for all that apply:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 40px;"><input type="checkbox"/></td> <td>(Base Adjustment) Allocation of statewide employee benefits.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>(Base Adjustment) Realignment within existing programs and lines.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Change in cost of providing current services to existing program audience.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Change in case load / enrollment under existing program guidelines.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Non-mandated change in eligibility / enrollment for existing program.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Non-mandated program change in service levels or areas.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Proposed establishment of a new program or initiative.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Loss of federal or other external financial support for existing program.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Exhaustion of fund balances previously used to support program.</td> </tr> </table>	<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"/>	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 checked="" 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.
<input type="checkbox"/>	(Base Adjustment) Allocation of statewide employee benefits.																				
<input type="checkbox"/>	(Base Adjustment) Realignment within existing programs and lines.																				
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<input type="checkbox"/>	Proposed establishment of a new program or initiative.																				
<input checked="" 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.																				
RECIPIENTS OF FUNDS	<p>Funds would be utilized to fund Ombudsman positions located in different regions of the State.</p> <p><i>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?</i></p>																				

AGENCY NAME:	Lieutenant Governor's Office		
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RELATED REQUEST(S)	NA
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	These funds will not be matched.
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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.

FUNDING ALTERNATIVES	The agency is not aware of other funding sources for this request.
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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.

SUMMARY	<p>Funding will be utilized to provide four regional ombudsman who are tasked with investigating non-criminal allegations of abuse/treatment. The positions were previously funded utilizing local funds, but were lost due to a lack of resources. The agency is still required to respond to complaints in the regions. During the most recent fiscal year, the agency opened approximately 1,200 more cases than were closed. The inability to respond to complaints in a timely manner puts seniors and vulnerable adults at risk. Expanded resources are necessary to ensure complaints are investigated in a thorough, timely and complete manner.</p>
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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.

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**METHOD OF
CALCULATION**

Based on the cost of providing four ombudsman at the regional level.

How was the amount of the request calculated? 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

Possible maintenance-of-effort if the cost of funding the four positions rises.

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

If the decision package is not funded, complaints received will be evaluated on severity and placed on a priority list for investigative assignment. Current data shows that incoming complaints are outpacing the number of closed investigations. The inability to respond to complaints in a timely manner puts seniors and vulnerable adults at risk. It is expected that this will continue or worsen.

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 2015-16?

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INTENDED IMPACT

Provide more thorough, timely and complete investigation of complaints. This will help ensure the safety of seniors and adults with disabilities.

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

**PROGRAM
EVALUATION**

All ombudsman are evaluated on the number of complaints investigated and closed.

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?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE

3926

Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE

Vulnerable Adult Guardian Ad-Litem

Provide a brief, descriptive title for this request.

AMOUNT

General Fund: \$529,827

What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY

Act 162 (S.764) of 2014

Section 43-35-200. (A) There is created the Vulnerable Adult Guardian ad Litem Program in the Office on Aging to serve as a statewide system to recruit, train, and supervise volunteers to serve as court-appointed guardians ad litem for vulnerable adults in abuse, neglect, and exploitation proceedings within the family court, pursuant to Section 43-35-45(C).

*What 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?*FACTORS ASSOCIATED
WITH THE REQUEST

Mark "X" for all that apply:

- ☐ (Base Adjustment) Allocation of statewide employee benefits.
- ☐ (Base Adjustment) Realignment within existing programs and lines.
- ☐ (Base Adjustment) Restructuring of agency programs – *requires pre-approval.*
- ☐ 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.
- ☐ 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.

RECIPIENTS OF FUNDS

The Office on Aging will utilize the funds for the Vulnerable Adult Guardian ad Litem Program to serve as a statewide system to recruit, train, and supervise volunteers to serve as court-appointed guardians ad litem for vulnerable adults in abuse, neglect, and exploitation proceedings within the family court, pursuant to Section 43-35-45(C).

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?

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RELATED REQUEST(s)	NA
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No match has been identified at this time.
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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.

FUNDING ALTERNATIVES	The agency is not aware of other funding sources for this request.
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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.

SUMMARY	<p>Act. 162 of 2014 established the Vulnerable Adult Guardian ad Litem Program in the Office on Aging to serve as a statewide system to recruit, train, and supervise volunteers to serve as court-appointed guardians ad litem for vulnerable adults in abuse, neglect, and exploitation proceedings within the family court, pursuant to Section 43-35-45(C).</p> <p>The program's duties and responsibilities include:</p> <ul style="list-style-type: none"> (1) representing the best interests of the vulnerable adult by advocating for the welfare and rights of a vulnerable adult involved in an abuse, neglect, or exploitation proceeding; (2) conducting an independent, balanced, and impartial assessment of the facts and the needs of the vulnerable adult relevant to his or her situation; (3) maintaining accurate, written case records, including case notes, which are a guardian ad litem's work product and not subject to subpoena; (4) providing the family court, and all parties, with written reports including, but not limited to, a comprehensive final report regarding the best interests of the vulnerable adult. The final report must be consistent with the rules of evidence and the rules of the court, and must include, but is not limited to, evaluation and assessment of the issues brought before the court, the wishes of the vulnerable adult, and recommendations for the case plan and the disposition of the case; and
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	<p>(5) attending all court hearings to protect and promote the best interests of the vulnerable adult until formally relieved of the responsibility by the family court. The guardian ad litem is authorized through counsel to introduce, examine, and cross-examine witnesses in any proceeding involving the vulnerable adult, participate in the proceedings to any degree necessary to represent the vulnerable adult adequately, participate on a multidisciplinary evaluation team concerning the vulnerable adult, and make motions necessary to enforce the orders of the court, seek judicial review, or petition the court for relief on behalf of the vulnerable adult.</p>
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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.

METHOD OF CALCULATION	<p>Funding is based on the projected cost of administering the program.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

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FUTURE IMPACT

Any future impact will need to be determined once the program is operating within the Office on Aging.

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 LGOA will not be able to operate the program without the requested funding.

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 2015-16?

INTENDED IMPACT

The program shall serve as a statewide system to recruit, train, and supervise volunteers to serve as court-appointed guardians ad litem for vulnerable adults in abuse, neglect, and exploitation proceedings within the family court system.

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

PROGRAM EVALUATION

The program will be evaluated based on the availability of trained guardians to represent vulnerable adults at court proceedings.

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?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	3879
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Ombudsman Enrollment and Dual Eligibility
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Provide a brief, descriptive title for this request.

AMOUNT	Other Funds: \$1,180,900
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What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	<p>43-21-40 (g) 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;</p>
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What 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?

FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark "X" for all that apply:</p> <table style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Allocation of statewide employee benefits.</td></tr> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Realignment within existing programs and lines.</td></tr> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval</i>.</td></tr> <tr><td><input type="checkbox"/></td><td>Change in cost of providing current services to existing program audience.</td></tr> <tr><td><input type="checkbox"/></td><td>Change in case load / enrollment under existing program guidelines.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated change in eligibility / enrollment for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated program change in service levels or areas.</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Proposed establishment of a new program or initiative.</td></tr> <tr><td><input type="checkbox"/></td><td>Loss of federal or other external financial support for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Exhaustion of fund balances previously used to support program.</td></tr> </table>	<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"/>	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 checked="" 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.
<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> .																				
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<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 checked="" 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.																				

RECIPIENTS OF FUNDS	<p>The Lt. Governor's Office on Aging will utilize funding to manage an enrollment/dual eligibility program for the Department of Health and Human Services.</p>
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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?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

RELATED REQUEST(s)	NA
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	Other funds revenue is the source.
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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.

FUNDING ALTERNATIVES	Does not apply as the agency will receive the funds through the Department of Health and Human Services on a contractual basis.
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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.

SUMMARY	The program will assign ombudsman to work with seniors who receive care through Medicaid/Medicare as part of a managed care program. Ombudsman will work with seniors to ensure they are receiving the appropriate level of care and will act as a facilitator when questions arise.
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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.

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

METHOD OF CALCULATION	<p>Request is based on projected expenditures for personnel and operations of the program. Final expenditures will ultimately be based on contractual agreement with DHHS.</p>
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How was the amount of the request calculated? 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	<p>No projected impact as only the funds received through contract will be expended.</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?

PRIORITIZATION	<p>Without authorization the agency will not be able to administer the program.</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 2015-16?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

INTENDED IMPACT	<p>To ensure senior are receiving appropriate and timely care through their managed care organization.</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?

PROGRAM EVALUATION	<p>Program will be evaluated by the number of clients served and the timeliness of service.</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?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	3873
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	FY14-15 Agency Allocations Distribution
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Provide a brief, descriptive title for this request.

AMOUNT	General Fund: \$54,115
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What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Proviso 101.21 of the FY14-15 Appropriation Bill
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What 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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<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"/>	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.	

RECIPIENTS OF FUNDS	The agency.
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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?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

RELATED REQUEST(S)	NA
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	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.

FUNDING ALTERNATIVES	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.

SUMMARY	The funding represents the agency's share of the FY14-15 allocations for the General Fund portion of employee health insurance and pay raise.
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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.

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

METHOD OF CALCULATION	<p>Based on allocations distributed during FY14-15 by the Budget and Control Board/Executive Budget Office.</p>
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How was the amount of the request calculated? 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	<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?

PRIORITIZATION	<p>Agency would not be able to fund health insurance increases and the pay raise provided for in the FY14-15 State budget.</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 2015-16?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

INTENDED IMPACT	<p>Funding will be utilized to pay the General Fund portion of the health insurance increase and pay raises funded in the FY14-15 State budget.</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?

PROGRAM EVALUATION	<p>NA</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?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	3876
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Budget Realignment
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Provide a brief, descriptive title for this request.

AMOUNT	\$0
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What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Title 1, Chapter 3. Article 9 Lieutenant Governor; 43-21-10. Division on Aging created;
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What 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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" 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"/> 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.	

RECIPIENTS OF FUNDS	No new funds, only transfers.
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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?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

RELATED REQUEST(s)	NA
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	NA
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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.

FUNDING ALTERNATIVES	NA
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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.

SUMMARY	Transfer of funding and authorization to align with projected expenditures.
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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.

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

**METHOD OF
CALCULATION**

Analysis of projected expenditures.

How was the amount of the request calculated? 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

None.

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

Not applicable.

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 2015-16?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

INTENDED IMPACT	<p>To align funding with projected expenditures by program and commitment item.</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?

PROGRAM EVALUATION	
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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?

AGENCY NAME:

Lieutenant Governor's Office

AGENCY CODE:

E040

SECTION:

95

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**DECISION PACKAGE****3858***Provide the decision package number issued by the PBF system ("Governor's Request").***TITLE****Senior Center Development and Technology Program***Provide a brief, descriptive title for this request.***AMOUNT****\$5,000,000 State Funds***How much is requested for this project in FY 2015-16?***BUDGET PROGRAM****II. B. Office on Aging Assistance***Identify the associated budget program(s) by name and budget section.***SUMMARY**

Funding will be utilized to provide assistance to Senior Centers throughout the State for facility upgrades and maintenance and technology access.

The State's 173 senior centers serve as essential meeting points for many seniors to receive life sustaining nourishment and an opportunity for socialization, both of which are critical to their quality of life. While the state does have a number of world class senior centers, this is not universally true with many centers in desperate need of updating. The funding will be utilized to ensure the centers meet all safety standards, have the space and equipment necessary to meet its service population's needs and provides a healthy and welcoming environment for food services and activities.

The program will also be targeted to provide seniors with computer and internet access at the senior centers. Access to the internet has become an integral part of modern life by providing communication avenues and direct access to information and services. By expanding existing capabilities and adding capability where it did not exist, the program will provide many seniors computer and internet access they did not have before.

Funding will targeted to every county in the State to ensure a true statewide impact.

Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

RELATED REQUEST(S)	NA
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	Whenever possible, funds would be utilized as match for federal funds or used in concert with local/private funding. However, this would not be a requirement of the program.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	Agencies limited funding is directed towards other programs at this time.
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	Funds would be utilized for one time direct funding for projects and would not be utilized for sustainment of any services.
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What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

OTHER APPROVALS	NA
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What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)

AGENCY NAME:

Lieutenant Governor's Office

AGENCY CODE:

E040

SECTION:

95

FORM D – PROVISO REVISION REQUEST

NUMBER

95.8

Cite the proviso according to the renumbered list for FY 2015-16 (or mark "NEW").

TITLE

LTG: Home and Community Based Services Unit Rates

Provide the title from the FY 2014-15 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM

II. A. Special Item: Home and Community Based Services

Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE

NA

Is this request associated with a decision package you have submitted for FY 2015-16? If so, cite it here.

REQUESTED ACTION

Delete

*Choose from: Add, Delete, Amend, or Codify.*OTHER AGENCIES
AFFECTED

NA

Which other agencies would be affected by the recommended action? How?

SUMMARY

Requires the Office on Aging to prepare a plan to implement a uniform pricing schedule for Home and Community Based Services unit rates. Plan is due to the Chairman of the House Ways and Means Committee and the Chairman of the Senate Finance Committee by December 31, 2014.

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

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

EXPLANATION

The proviso requires a plan to be developed and provided by December 31, 2014. Plan will have been turned in prior to the passage of the FY15-16 budget.

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

No impact. The proviso only calls for the completion of a plan that will be turned in during the current fiscal year.

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

AGENCY NAME:

Lieutenant Governor's Office

AGENCY CODE:

E040

SECTION:

95

PROPOSED
PROVISO TEXT

95.8. ~~(LTG: Home and Community Based Services Unit Rates) The Office on Aging shall develop a plan by December 31, 2014, to implement a uniform pricing schedule for Home and Community Based Services unit rates. The plan shall be provided to the Chairman of the House Ways and Means Committee and the Chairman of the Senate Finance Committee.~~

Paste FY 2014-15 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

FORM D – PROVISO REVISION REQUEST

NUMBER	NEW <i>Cite the proviso according to the renumbered list for FY 2015-16 (or mark "NEW").</i>
TITLE	LTG: Caregivers Carry Forward <i>Provide the title from the FY 2014-15 Appropriations Act or suggest a short title for any new request.</i>
BUDGET PROGRAM	II. B. New Special Item: "Caregivers" <i>Identify the associated budget program(s) by name and budget section.</i>
DECISION PACKAGE	3849 <i>Is this request associated with a decision package you have submitted for FY 2015-16? If so, cite it here.</i>
REQUESTED ACTION	Add <i>Choose from: Add, Delete, Amend, or Codify.</i>
OTHER AGENCIES AFFECTED	NA <i>Which other agencies would be affected by the recommended action? How?</i>
SUMMARY	<p>This proviso would go along with requested funding for "Caregivers" (Decision Package 3849). Would allow the Lt. Governor's Office on Aging to carry forward the funds for the same purpose in future fiscal years.</p>

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

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

EXPLANATION

Would allow the Lt. Governor's Office on Aging to carry forward the funds for the same use in future fiscal years. Thus ensuring the funds are used for the appropriated purpose.

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

NA – would only apply if funds are appropriated and not used during a specific fiscal year.

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

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

PROPOSED
PROVISO TEXT

(LTG: Caregivers Carry Forward) Unexpended funds from appropriations to the Lieutenant Governor's Office on Aging for Caregivers shall be carried forward from the prior fiscal year and used for the same purpose.

Paste FY 2014-15 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.