

AGENCY NAME:	Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102



Fiscal Year 2017-18 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B): <div style="font-size: 1.2em; margin: 5px 0;">1111, 11137, 1114</div> For FY 2017-18, my agency is (mark "X"): <input type="checkbox"/> Requesting a net increase in recurring General Fund appropriations. <input checked="" 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 listed in <u>priority order</u> (Form C): For FY 2017-18, my agency is (mark "X"): <input type="checkbox"/> Requesting capital and/or non-recurring funds. <input checked="" type="checkbox"/> Not requesting capital and/or non-recurring funds.
PROVISOS (FORM D)	For FY 2017-18, my agency is (mark "X"): <input checked="" type="checkbox"/> Requesting a new proviso and/or substantive changes to existing provisos. <input type="checkbox"/> Only requesting technical proviso changes (such as date references). <input type="checkbox"/> Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Diane Porter	734-3802	Diane.porter@rfa.sc.gov
SECONDARY CONTACT:	Frank Rainwater	734-3786	Frank.Rainwater@rfa.sc.gov

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

SIGN/DATE: TYPE/PRINT NAME:	<div style="text-align: center;"><u>Agency Director</u></div> <div style="text-align: center; font-size: 1.2em;"> </div> <div style="text-align: center;">Frank Rainwater</div>	<div style="text-align: center;"><u>Board or Commission Chair</u></div> <div style="text-align: center; font-size: 1.2em;"> </div> <div style="text-align: center;">Chad Walldoff</div>
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This form must be signed by the department head – not a delegate.

AGENCY NAME:	Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	11111
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	3.25 % BPI-General Funds, SCRS & PORS .50% Rate Increase, Health & Dental Insurance Allocation.
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Provide a brief, descriptive title for this request.

AMOUNT	142,645
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	117.118.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

RECIPIENTS OF FUNDS	
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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:	Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

ACCOUNTABILITY OF FUNDS	
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	
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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.

AGENCY NAME:	Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

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

METHOD OF CALCULATION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 10px;">Pay Plan Allocation (Including Fringe)</td> <td style="text-align: right;">\$ 113,577</td> </tr> <tr> <td style="padding-left: 10px;">SCRS & PORS .50% Rate Increase</td> <td style="text-align: right;">\$ 14,545</td> </tr> <tr> <td style="padding-left: 10px;">Health & Dental Insurance Allocation</td> <td style="text-align: right;">\$ <u>14,523</u></td> </tr> <tr> <td style="padding-left: 10px;">Total</td> <td style="text-align: right;">\$ 142,645</td> </tr> </table>	Pay Plan Allocation (Including Fringe)	\$ 113,577	SCRS & PORS .50% Rate Increase	\$ 14,545	Health & Dental Insurance Allocation	\$ <u>14,523</u>	Total	\$ 142,645
Pay Plan Allocation (Including Fringe)	\$ 113,577								
SCRS & PORS .50% Rate Increase	\$ 14,545								
Health & Dental Insurance Allocation	\$ <u>14,523</u>								
Total	\$ 142,645								

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

FUTURE IMPACT	
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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?

AGENCY NAME:	Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

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

INTENDED IMPACT	
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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:	Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	11137
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Request 8 FTEs for Time-Limited Positions
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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 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	<p>The health information collected under §44-6-170, South Carolina Code of Laws, and maintained by Health and Demographics includes: uniformed billing data on inpatient discharges, emergency department visits, outpatient surgery, imaging, radiation therapy and other outpatient services requiring Certificate of Need (CON) from both short term acute care hospitals and licensed freestanding centers in the state.</p> <p>These databases contain information from the UB-04 and CMS-1500 billing system and include reasons for use of services (ICD-9-CM diagnoses, types of services received (ICD-9-CM procedures or HCPCS/CPT procedures), charges for services by revenue center, length of stay, patient disposition, etc. With the ability to track patients over time, the systems permit some outcomes calculations such as readmission rates and ED visits within "x" days of treatment. Proviso 102.4 is also in the process of codification.</p>
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark "X" for all that apply:</p> <p><input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.</p> <p><input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.</p> <p><input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i></p> <p><input type="checkbox"/> IT Technology/Security related</p> <p><input type="checkbox"/> Consulted DTO during development</p> <p><input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____</p> <p><input type="checkbox"/> Change in cost of providing current services to existing program audience.</p> <p><input type="checkbox"/> Change in case load / enrollment under existing program guidelines.</p> <p><input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.</p> <p><input type="checkbox"/> Non-mandated program change in service levels or areas.</p> <p><input type="checkbox"/> Proposed establishment of a new program or initiative.</p> <p><input type="checkbox"/> Loss of federal or other external financial support for existing program.</p> <p><input type="checkbox"/> Exhaustion of fund balances previously used to support program.</p>
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AGENCY NAME:	Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

RECIPIENTS OF FUNDS	<p>The decision package does not involve a request for additional funding. Request is to convert existing full-time time-limited positions to FTE positions and transfer funding from other personal services to classified positions to fund the positions.</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?

ACCOUNTABILITY OF FUNDS	<p>Data Partnerships with State Agencies, Private Entities, and Nonprofits, Section 4.2. Conversion of these positions to FTE’s should enhance the ability of the associated programs to recruit and retain essential employees.</p>
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What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	<p>NA</p>
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	<p>NA</p>
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	<p>NA</p>
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AGENCY NAME:	Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

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>The decision package is intended to convert some full time staff serving in time-limited positions to FTE positions in the Health and Demographics Program. The position depend upon funding availability from the revenue streams of their associated programs just as the FTE position in those programs, and are serving in the same capacity as existing FTE positions. Converting these positions to FTE's will provide greater transparency in the budget by identifying the positions as classified positions in the Appropriations Act and enhance the ability of the associated programs to recruit and retain valuable employees.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>The positions requested are based on the number of budgeted and filled positions in the associated program.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No</p>
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AGENCY NAME:	Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

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	This request does not involve additional request; existing funding will be used to meet this request.
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	Conversion of these positions to FTE's should enhance the ability of the associated programs to recruit and retain essential employees.
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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	Decision package does not involve a request for additional funding. Success of this initiative would be measured by recruiting and/or retention metrics.
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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:	Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	11114
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Other Fund 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 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.

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

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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

RECIPIENTS OF FUNDS	
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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:	Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

ACCOUNTABILITY OF FUNDS	
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	
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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.

AGENCY NAME:	Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

SUMMARY	<p>With the request for other funded FTE's, a realignment will be needed to meet program needs.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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

FUTURE IMPACT	
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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?

AGENCY NAME:	Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

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

INTENDED IMPACT	
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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:	SC Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

FORM D – PROVISO REVISION REQUEST

NUMBER	102.6
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	RFAO: Revenue for Goods and Services
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Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.

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

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

REQUESTED ACTION	Codify
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<p>The respective sections of the Revenue and Fiscal Affairs Office are authorized to provide and receive from other governmental entities, including other divisions, state and local agencies and departments, and the private sector, goods and services, as will in its opinion promote efficient and economical operations. The sections may charge and pay the entities for the goods and services, the revenue from which shall be deposited in the state treasury in a special account and expended only for the costs of providing the goods and services, and such funds may be retained and be expended for the same purposes.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	SC Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

EXPLANATION	<p>SECTION 1-11-335. Budget and Control Board may provide to and receive from other governmental entities goods and services.</p> <p>Section effective until July 1, 2015. See, also, section effective July 1, 2015.</p> <p>The respective divisions of the Budget and Control Board are authorized to provide to and receive from other governmental entities, including other divisions and state and local agencies and departments, goods and services, as will in its opinion promote efficient and economical operations. The divisions may charge and pay the entities for the goods and services, the revenue from which shall be deposited in the state treasury in a special account and expended only for the costs of providing the goods and services, and such funds may be retained and expended for the same purposes.</p> <p>HISTORY: 1995 Act No. 145, Part II, § 6.</p> <p>When RFA was formed under restructuring, this act was inadvertently omitted from our section.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>Zero</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	SC Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

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

AGENCY NAME:	SC Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

FORM D – PROVISO REVISION REQUEST

NUMBER	102.4
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	RFAO SC Health and Human Services Data Warehouse
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Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.

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

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

REQUESTED ACTION	Codify
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	<p>Departments of:</p> <ul style="list-style-type: none"> (1) Health and Human Services; (2) Health and Environmental Control; (3) Mental Health; (4) Alcohol and Other Drug Abuse Services; (5) Disabilities and Special Needs; (6) Social Services; (7) Vocational Rehabilitation; (8) Education; (9) Juvenile Justice; (10) Corrections; (11) Probation, Parole and Pardon Services; <ul style="list-style-type: none"> • Department of Administration: <ul style="list-style-type: none"> (1) Children’s Foster Care Review Board; (2) Continuum of Care; • Office of the Lieutenant Governor, Division on Aging; • South Carolina School for the Deaf and the Blind; • Commission for the Blind; and • Other entities as deemed necessary by the Revenue and Fiscal Affairs Office.
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Which other agencies would be affected by the recommended action? How?

AGENCY NAME:	SC Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

SUMMARY	<p>There is hereby established within the Revenue and Fiscal Affairs Office, the South Carolina Health and Human Services Data Warehouse. The purpose of the Warehouse is to ensure that the operation of health and human services agencies may be enhanced by coordination and integration of client information. Client data is defined as person-level data that is created, received, and/or maintained by state agencies and other entities required to report client information to the Revenue and Fiscal Affairs Office under this provision. To integrate client information, client data from health and human services state agencies will be linked to improve client outcome measures, enabling state agencies to analyze coordination and continuity of care issues. The addition of these data will enhance existing agency systems by providing client data from other state agency programs to assist in the provision of client services. Certain client information shall be delivered to the Revenue and Fiscal Affairs Office in order to assist in the development and maintenance of this Warehouse. The following agencies shall report client information:</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	SC Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

EXPLANATION	<p>Codification would institutionalize relationships between the agencies listed and RFA. These data warehousing and analysis agreements have existed for over a decade. Codification would help simplify the legislative process by substituting a statute for a long-standing general proviso.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>Zero</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	SC Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

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

AGENCY NAME:	SC Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

FORM D – PROVISO REVISION REQUEST

NUMBER	102.3
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	SC Boundary Commission
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Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.

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

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

REQUESTED ACTION	Delete
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<p>(RFAO: SC Boundary Commission) There is hereby created the South Carolina Boundary Commission to be composed of seven members as follows: one member appointed by the President Pro Tempore of the Senate; one member appointed by the Speaker of the House of Representatives; one member appointed by the Chairman of the Senate Finance Committee; one member appointed by the Chairman of the House Ways and Means Committee; the Executive Director, or his designee, of the Revenue and Fiscal Affairs Office; the Director of the Department of Natural Resources, or his designee; and the technical advisor of the Geodetic and Mapping Survey Program appointed by the Executive Director of the Revenue and Fiscal Affairs Office who shall serve as the coordinator and chairman of the commission. The purpose of the commission is to work with the North Carolina Boundary Commission to oversee and approve work re-establishing the boundary between South Carolina and North Carolina.</p> <p>The Executive Director of the Revenue and Fiscal Affairs Office is directed to submit a report to the Senate Finance Committee and the House Ways and Means Committee regarding the progress of re-establishing the South Carolina-North Carolina boundary within sixty days of the close of each fiscal year until such re-establishment is completed.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	SC Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

EXPLANATION	<p>Re-establishment is completed.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>None</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	SC Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

PROPOSED PROVISO TEXT	<p>102.3. (RFAO: SC Boundary Commission) There is hereby created the South Carolina Boundary Commission to be composed of seven members as follows: one member appointed by the President Pro Tempore of the Senate; one member appointed by the Speaker of the House of Representatives; one member appointed by the Chairman of the Senate Finance Committee; one member appointed by the Chairman of the House Ways and Means Committee; the Executive Director, or his designee, of the Revenue and Fiscal Affairs Office; the Director of the Department of Natural Resources, or his designee; and the technical advisor of the Geodetic and Mapping Survey Program appointed by the Executive Director of the Revenue and Fiscal Affairs Office who shall serve as the coordinator and chairman of the commission. The purpose of the commission is to work with the North Carolina Boundary Commission to oversee and approve work re-establishing the boundary between South Carolina and North Carolina. —The Executive Director of the Revenue and Fiscal Affairs Office is directed to submit a report to the Senate Finance Committee and the House Ways and Means Committee regarding the progress of re-establishing the South Carolina-North Carolina boundary within sixty days of the close of each fiscal year until such re-establishment is completed.</p>
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Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	SC Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

FORM E – 3% GENERAL FUND REDUCTION

DECISION PACKAGE	11117
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Agency General Fund Reduction Analysis
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Provide a brief, descriptive title for this request.

AMOUNT	-146,886
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What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package's total in PBF.

METHOD OF CALCULATION	3% of the revised base which is \$4,896,213
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Describe the method of calculation for determining the reduction in General Funds.

ASSOCIATED FTE REDUCTIONS	1
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM/ACTIVITY IMPACT	Several employees of the Budget Development Program are scheduled to retire under the TERI program. Current plans are to hire two employees that can perform the necessary assistance needed. This process would be impacted by delayed services. The Budget Development Section supports the General Assembly in the development of an appropriation bill by reviewing state agency budget plans and providing analysis and reports to the Ways and Means and Senate Finance Committees. The section interacts with legislators, legislative staff, the Governor's Office, constitutional officers, and state agencies regarding budget issues and is responsible for producing the General Assembly's budget recommendations in the appropriation bill format at each stage of the budget process. We also prepare a variety of reports that support the General Assembly's budgetary decision-making including analytical and historical budget reports, summaries, and other statistical information. Throughout the fiscal year, this section consults with and advises state agencies on budget priorities, cost-effectiveness, and statewide considerations regarding agency plans and funding needs.
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What programs or activities are supported by the General Funds identified?

AGENCY NAME:	SC Revenue and Fiscal Affairs		
AGENCY CODE:	E500	SECTION:	102

SUMMARY	<p>Revenue and Fiscal Affairs undertook a zero-based budget analysis in FY 2015-16 and has already identified and realized potential cost savings to higher priorities. Depending on when three percent is enacted, the agency would again review its options regarding vacancies and hiring. Approximately 83% of general fund is payroll and fringe and any reduction would impact salaries, which would affect services.</p>
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Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.