

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



**Fiscal Year FY 2024-2025  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

<b>OPERATING REQUESTS</b> <i>(FORM B1)</i>	<b>For FY 2024-2025, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input checked="" type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

<b>NON-RECURRING REQUESTS</b> <i>(FORM B2)</i>	<b>For FY 2024-2025, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input checked="" type="checkbox"/>	Not requesting any changes.


<b>CAPITAL REQUESTS</b> <i>(FORM C)</i>	<b>For FY 2024-2025, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.

<b>PROVISOS</b> <i>(FORM D)</i>	<b>For FY 2024-2025, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input type="checkbox"/>	Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Rhonda Walker	(803) 734-9917	rwalker@aging.sc.gov
<b>SECONDARY CONTACT:</b>			

I have reviewed and approved the enclosed FY 2024-2025 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

<b>SIGN/DATE:</b> <b>TYPE/PRINT NAME:</b>	<u>Agency Director</u>	<u>Board or Commission Chair</u>
	 Connie D. Munn	

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

### Fiscal Year 2024-2025 Executive Summary

<b>Agency Code:</b>	L060
<b>Agency Name:</b>	Department on Aging
<b>Section:</b>	40

Agency Priority	Request Type	Title	General Dollars	Federal Dollars	Earmarked Dollars	Restricted Dollars	Total Dollars	General FTEs	Federal FTEs	Earmarked FTEs	Restricted FTEs	Total FTEs
1	B1 - Recurring	Home Stabilization Assistance	\$1,000,000	\$0	\$0	\$0	\$1,000,000	3.00	0.00	0.00	0.00	3.00
2	B1 - Recurring	Caregiver and Alzheimer Resource Division	\$1,113,854	\$0	\$0	\$0	\$1,113,854	10.00	0.00	0.00	0.00	10.00
3	B1 - Recurring	Expansion of services	\$258,311	\$258,311	\$0	\$0	\$516,622	2.50	2.50	0.00	0.00	5.00
4	B1 - Recurring	Long Term Care Ombudsman Assistance	\$16,423	\$93,065	\$0	\$0	\$109,488	0.15	0.85	0.00	0.00	1.00
5	B1 - Recurring	Salary Adjustment for VAGAL employees -	\$63,450	\$0	\$0	\$0	\$63,450	0.00	0.00	0.00	0.00	0.00
6	B1 - Recurring	Federal funds increase	\$0	\$3,000,000	\$0	\$0	\$3,000,000	0.00	0.00	0.00	0.00	0.00
<b>Subtotal:</b>			<b>\$2,452,038</b>	<b>\$3,351,376</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,803,414</b>	<b>15.65</b>	<b>3.35</b>	<b>0.00</b>	<b>0.00</b>	<b>19.00</b>

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

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>1</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Home Stabilization Assistance</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$1,000,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$1,000,000</b>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>3.00</b>
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<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 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"/>	IT Technology/Security related
<input type="checkbox"/>	Consulted DTO during development	
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	<p>This request supports the Strategic Plan Goal 2: Allow high risk older adults to live independently in their homes for as long as possible and provide a cost-effective way to safely age in place. By funding this program, the goal is for seniors to remain safely in their own home and avoid the financial burden of relocating to a nursing home or assisted living facility. There is also evidence that seniors live longer more active, productive, and happy lives when allowed to remain in the familiar environment of their own home. The employment of an occupational therapist and an occupational therapist assistant will provide the support to continue the pre and post surveys and questionnaires already in place for the federal program. In addition, the administrative specialist will be able to continue follow up with the senior to ensure that the home modifications and repairs are still functioning in a way that benefits the senior.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

	<b>\$332,922</b> of the request will be used to support the program by adding 3 FTEs. This includes salary, employee benefits, and operating costs for an <b>Occupational</b>
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**RECIPIENTS OF FUNDS**

**Therapist** to oversee that the modifications are appropriate for the senior(s) living in the home; an **Occupational Therapy Assistant** who will also visit the homes of seniors who receive home modifications and repairs and document how the modifications and or repairs have impacted the senior, as well as an **Administrative Specialist** who will coordinate all documents and facilitate the work by the contractors.

**\$667,078** is designated to be used to pay contractors for direct home modifications and/or repairs. A basis to allocate the funds throughout the state has not yet been determined. The federal funds that were used as a pilot program to determine the need of seniors, and how to best operate such a program only allowed only 29 counties to be served. The agency would continue to prioritize those seniors with the highest economic need and at highest risk of being placed into adult protective services.

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION OF REQUEST**

The first two years of the HUD Older Adult Home Modification Program has proven the need of not only low-cost, high impact home modification to seniors it has also identified the huge need for major repairs to seniors still living at home who will be at risk for *Adult Protective Services* or other significant injuries. Major repairs such as roof and floor installations are necessary to decrease the high percentage of injuries and financial costs related to falls in the homes of seniors. SCDOA has been fortunate over the past year to receive funds from other state agencies to fund major home repairs, and the agency hopes to continue to expand this by working with the *State Housing Authority*. The agency has also been actively pursuing partnerships with other non-governmental entities to fund this project. In addition, SCDOA is working to find other funds that can be used for other areas of home stabilization, including rental assistance.

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

Agency Name:	Department on Aging		
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## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	2
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Caregiver and Alzheimer Resource Division</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$1,113,854</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$1,113,854</b></p>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	10.00
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<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 checked="" 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
	<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, Priority #	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 2 The SCDOA would like to expand and enhance the networks' capacity to provide service and support to persons living with dementia, their family caregivers, as well as community education on dementia. Currently over 118,000 persons in our state are living with dementia; over the next several years this number is only expected to grow. The staff hired with the requested funds would expand and enhance our Dementia Care Specialist Role which is currently funded by a one-time, two year Workforce Development Federal Grant provided by the Administration for Community Living. Their role would be to provide community education and support in regards to navigating a dementia diagnosis, raising awareness of early detection, early diagnosis, and prevention of dementia.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	<p>Personnel cost including employee benefits will be \$933,854. The balance of funds will be used to cover operating costs to include transportation to various outreach and live training events, training materials, Dementia Dialogues and other professionally prepared resources to assist those who have received a diagnosis of dementia and</p>
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**FUNDS**

their caregivers. With 10 additional staff traveling throughout the state to provide education and the Dementia Dialogues program to various organizations, the agency will also need to increase the number of fleet vehicles on site as this is normally less expensive than mileage reimbursement at the current federal rate.

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION OF REQUEST**

Our current Dementia Care Specialist (DCS) began working at our state office on August 30, 2022. In that time she has developed and implemented a replicable program that has the possibility of having a far reach in providing support and education to the community in relation to dementia. Through careful and insightful research she produced "Dementia 101: The Basics", a community education webinar which, since being release in April 2023, has been attended by over 175 participants, 92% of which found the program "extremely informative." Additionally, she has become a Certified Dementia Practitioner, has been trained in and has lead "Dementia Dialogues", which is housed at the University of South Carolina's Arnold School of Public Health Office for the Study on Aging, to 52 professional and family caregivers. She is leading these sessions on a consistent and routine basis. As the state's Dementia Care Specialist, she has conducted numerous outreach events, produced outreach and educational materials for the general public, and conducted over 75 community consultation calls with families navigating a dementia diagnosis. The goal is to replicate this throughout the state with the additional staff.

The Dementia Care Specialist program is highly accessible in its current form, but only to citizens with the knowledge and ability to access virtual programming or people in the Midlands region. Our goal in expansion of this program would be to have Regional Dementia Care Specialists that would mirror the current regional set up of the ten Area Agencies on Aging. This would help address the community education and support needs in our states more rural regions and high-risk regions of the state. In adding DCS statewide, our state's system would more closely resemble the support our neighboring states, such as Georgia, Florida, and North Carolina, are providing. Collaboration with community agencies such as the Alzheimer's Association and the University of South Carolina's Arnold School of Public Health would continue in complementing the services offered to constituents and not competing with existing programs.

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

Agency Name:	Department on Aging		
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## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	3
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Expansion of services
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$258,311</b></p> <p><b>Federal: \$258,311</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$516,622</b></p>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	5.00
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<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 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"/>	IT Technology/Security related
<input type="checkbox"/>	Consulted DTO during development	
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p>As the agency strives to increase the aging network's capacity to provide services for seniors as well as to continue service new aging service clients after all federal COVID funding has been expended. Our number one priority is to provide services to seniors that aid them in remaining at home safely and independently as long as possible.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

	<p>These funds will be used to primarily cover the cost of salary, employee benefits, and operating costs, as well as the cost of additional outreach and marketing.</p>
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**RECIPIENTS OF FUNDS**

Master degree Public Health, additional communications staff to assist with press releases, press conferences, and out specialized outreach, Learning Management System Co-Ordinator. (new software for online learning to be used by VAGAL, Ombudsman, IR&A specialist.

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION OF REQUEST**

**1 FTE- Public Health Officer**

We have made great strides in addressing public health issues by adding a temporary grant position with a degree in Public Health. To continue our efforts, it's imperative to bring on staff with the expertise of a public health specialist to research and continue the collaboration efforts with DHEC and other entities who are consistently addressing the concerns of public health for our older adults and those with disabilities. Their duties will continue to include updating our agency's website GetCareSC, which is vital to the state for individuals searching for resources for their loved ones.

**1 FTE - Communications Specialist**

The temporary grant position, communications specialist, has worked to bring awareness to our agency's mission to promote healthy aging by promoting the COVID-19 vaccines, Flu, RSV, pneumonia vaccines, and continuing to conduct outreach opportunities addressing issues facing our older adults.

**1 FTE - Learning Management Program**

SCDOA has invested in an online Learning Management System. This was rolled out to the Long Term Care division first to provide online training for our Ombudsman. The agency plans to expand the system to all programs within our agency. This will be a new position in our IT division. While each program would be responsible for the content, a dedicated staff is needed to monitor the system. This person will be responsible for loading the learning items and any related testing materials or surveys into the system. We anticipate this will be a great way to provide continuing training to volunteers in the Vulnerable Guardian ad Litem program and provide new staff at the AAAs with appropriate training. The agency would like to eventually utilize this software to provide online training to family caregivers and other citizens throughout the state on various topics.

**1 FTE - Veterans' Assistance Specialist**

SCDOA would like to use state and federal funds to hire a full-time staff dedicated to assisting older veterans. The person would work closely with the South Carolina Department of Veterans Affairs to collaborate and coordinate the development of new partnerships and resources for our Veterans.

**1 FTE - Program Assistant for Older Americans Act**

The agency is requesting a new program staff position to assist with the programs paid for through the Older Americans Act. As the funding continues to increase from the federal government, an additional staff person is needed to assist the AAA with program information.

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



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

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	4
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Long Term Care Ombudsman Assistance</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$16,423</b> <b>Federal: \$93,065</b> <b>Other: \$0</b> <b>Total: \$109,488</b>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	1.00
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input checked="" type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<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, Priority #	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Ensure the rights of older adults and persons with disabilities and prevent their abuse, neglect, and exploitation through the State Long-Term Care Ombudsman Program, and elder abuse awareness and prevention activities. Identify and implement strategies to ensure that the Ombudsman Program is more effective and efficient in advocating for all residents in long-term care facilities, thereby improving the quality of life and quality of care for residents in long term care facilities.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	<p>Salary is anticipated at \$64,885. Employee benefits \$26,603. Operating costs to include rent, phones and use of fleet vehicles for statewide travel \$18,000.</p>
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**FUNDS**

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION OF REQUEST**

The Legislative Oversight Committee finalized the report on the Department on Aging in June 2020. Recommendations 60 through 66 related to the Long Term Care Ombudsman monitoring and the procedures. SCDOA has implemented the monitoring policy, but with the increased case load surrounding investigations and the large number of facility closings over the past 18 months, the agency feels that 1 FTE for a full time LTCO monitoring position is required to comply with the recommendations and to keep residents of the facilities safe. This employee would not only monitor procedures and files at the Area Agency on Aging, but would accompany the AAA staff on monitoring visits to various facilities, and make their own announced and unannounced monitoring visits to these facilities through out the state. Fifteen facilities have closed down during the current calendar year. The LTCO staff are responsible for ensuring that these residents were successfully transferred to other appropriate care facilities. This staff person would be dedicated to the monitoring so that the LTCO staff are available to provide day to day operations of the program.

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

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## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	5
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Salary Adjustment for VAGAL employees -
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$63,450</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$63,450</b></p>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<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, Priority #	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Agency Goals</p> <p>3.1 Provide Adult Guardian ad Litem services to vulnerable adults in South Carolina in cases of abuse, neglect, and exploitation.</p> <p>3.2 Provide state leadership in ensuring the rights of older individuals, improve state capacity to provide legal assistance, and provide training and assistance designed to improve the quality and quantity of legal services provided to older individuals.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

	Employees of the VAGAL program
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**RECIPIENTS OF FUNDS**

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION OF REQUEST**

The agency is seeking salary increases for our VAGAL employees to ensure they are at/near the midpoint per department on administration's class codes. In addition, taking into consideration the state's class codes that are comparable based on years, service and agency. The agency also reviews number of years in their position, number of years at the agency and our agency's class code that are comparable based on the HR reports.

Also, as a retention tool, the agency is requesting funds to increase salaries of agency employees who are licensed master's level social workers. This helps with retention for positions that are sometimes difficult to fill who work many and various hours, as well provide employees an incentive to pursue a MSW.

These comparables are in alignment with other state agencies such as the SC Department of Social Services.

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

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## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>6</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

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

<b>AMOUNT</b>	<b>General: \$0</b> <b>Federal: \$3,000,000</b> <b>Other: \$0</b> <b>Total: \$3,000,000</b>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<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 checked="" type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input checked="" 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
	<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, Priority #	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p>All Goals are related to the federal funds received to assist seniors and adults with disabilities, as well as caregivers.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

	<p>\$2,075,000 of the increase in funding will be used as allocation to entities - going to the ten Area Agencies on Aging (AAA). Due to the increased aging population of the state (age 60 and above) the state received \$2,183,956 in additional Title III Older Americans Act funding. By Federal regulations, 95% of this funding must be awarded</p>
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**RECIPIENTS OF FUNDS**

to the AAA in the state. The balance of the request is to cover recurring grants that have been applied for and awarded and to include those additional grants that the agency anticipates receiving that are not related to COVID or American Rescue Plan funds. The balance of the funds will be used to provide additional services to the citizens of South Carolina through sub-awards to other entities or through referrals and other direct services provided. The cost of any potential increase of staff is covered in the request priority 3.

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION OF REQUEST**

Over the past 3 years, SCDOA has had to ask for additional federal authority during the year. While a portion of those funds were related to the COVID pandemic, some of the increase was due to additional non-COVID grant requests. Additional grants that have been awarded include an LTSS grant. SCDOA is also working to provide additional services to the disabled adult population as mandated by the Administration for Community Living (ACL) by increasing the grant funding available for these projects.

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

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

## **FORM D – PROVISO REVISION REQUEST**

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

<b>TITLE</b>	Longterm Care Ombudsman
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*Provide the title from the renumbered list or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	C. State Long Term Care Ombudsman
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*Identify the associated budget program(s) by name and budget section.*

<b>RELATED BUDGET REQUEST</b>	
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*Is this request associated with a budget request you have submitted for FY 2024-2025? If so, cite it here.*

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

<b>OTHER AGENCIES AFFECTED</b>	None
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY &amp; EXPLANATION</b>	<p>Any unexpended state funds from the Long Term Care Ombudsman program, particularly those set aside as allocations to entities for local AAA use would continue to be available to those organizations to fulfill the mission of the Long Term Care Ombudsman.</p>
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

**FISCAL IMPACT**

These funds are generally committed to various projects and would allow those projects to be completed and paid for from the original funds intended and not require new funds to pay for prior year commitments.

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

**PROPOSED  
PROVISO TEXT**

Unexpended funds from appropriations to the Department on Aging for the Long Term Care Ombudsman shall be carried forward from the prior fiscal year and used for the same purpose.

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



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

## **FORM D – PROVISO REVISION REQUEST**

**NUMBER**

NEW

*Cite the proviso according to the renumbered list (or mark "NEW").*

**TITLE**

Home Stabilization Assistance Carry Forward

*Provide the title from the renumbered list or suggest a short title for any new request.*

**BUDGET PROGRAM**

New - Home Stabilization Assistance Program

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

**RELATED BUDGET REQUEST**

1

*Is this request associated with a budget request you have submitted for FY 2024-2025? If so, cite it here.*

**REQUESTED ACTION**

Add

*Choose from: Add, Delete, Amend, or Codify.*

**OTHER AGENCIES AFFECTED**

None

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

**SUMMARY & EXPLANATION**

Any unexpended funds from the Home Stabilization program would be used to complete work already committed to for the minor home modification and/or home repaid. These funds would be used to complete projects already started or added to the new appropriations to increase the number of homes that could receive contractor services.

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

**FISCAL IMPACT**

These funds will generally be committed to various homes awaiting finalized contractor bids and work to be completed.

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

**PROPOSED  
PROVISO TEXT**

Unexpended funds from appropriations to the Department on Aging for the Home Stabilization Assistance Program shall be carried forward from the prior fiscal year and used for the same purpose.

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

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

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

<b>TITLE</b>	General Fund reduction
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<b>AMOUNT</b>	\$614,538
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*What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*

<b>ASSOCIATED FTE REDUCTIONS</b>	1 FTE would be reduced from the agency reducing salary cost by \$60,000.
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM / ACTIVITY IMPACT</b>	In order to reduce other costs by \$537,388 (Reduction less salary and employee benefits) the agency would request a decrease in funds that are not currently used as match for federal funds. These areas would include the Geriatric Loan Forgiveness, Silver Haired Legislature, and Alzheimer's funding to local organizations for innovative grants to assist Alzheimer patients. Department on Aging is currently running with minimal state funds, as a great deal of our funding comes from various federal funds. It is also possible that some of the competitive grant funds that we currently receive could no longer be applied for as the required matching funds would not be available.
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	According to US Census data, the population of South Carolina citizens 65 or older has increased from 635,084 in 2010 to 937,066 in 2019. This is an increase of just over 47% and shows that 18.2% of the states population is 65 or older. It is expected that by 2025 the percentage of 65 or older will increase to 21%, and by 2030 the estimate is that 22.9% of the population (1,314,375) will be 65 or older. With such a large increase in the senior population, SCDOA will be unable to manage a 3% reduction in state funds without impacting services.
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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.*

**AGENCY COST  
SAVINGS PLANS**

While SCDOA is constantly looking for ways to decrease costs while maintaining the same level of services to seniors, any funds that are saved are being used to address salary sufficient to hire and retain employees who have a passion for providing assistance to the senior population of the state.

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