

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



**Fiscal Year FY 2025-2026**

**Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

<b>OPERATING REQUESTS</b> <i>(FORM B1)</i>	<b>For FY 2025-2026, 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 2025-2026, 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 2025-2026, 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 2025-2026, 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>	Syeeda R. Gallman	(803) 734-9917	srgallman@aging.sc.gov
<b>SECONDARY CONTACT:</b>			

I have reviewed and approved the enclosed FY 2025-2026 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

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

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

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

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Federal Authorization & Maintenance of Effort	3,000,000	12,000,000	0	0	15,000,000	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	Older Americans Act (OAA) Compliance	255,528	271,889	0	0	527,417	3.00	3.00	0.00	0.00	6.00
3	B1 - Recurring	Home and Community Based Services (HCBS)	19,870,361	0	0	0	19,870,361	0.00	0.00	0.00	0.00	0.00
4	B1 - Recurring	Home Stabilization Program - FTEs	403,013	0	0	0	403,013	3.00	0.00	0.00	0.00	3.00
5	B1 - Recurring	Ombudsman Allocations to AAAs	550,000	0	0	0	550,000	0.00	0.00	0.00	0.00	0.00
6	B1 - Recurring	Legislative Recommendation	348,158	0	0	0	348,158	2.00	0.00	0.00	0.00	2.00
7	B1 - Recurring	VAGAL FTE	79,449	0	0	0	79,449	1.00	0.00	0.00	0.00	1.00
8	B1 - Recurring	IT - DTO Shared Services	55,000	99,000	0	0	154,000	0.00	0.00	0.00	0.00	0.00
9	B1 - Recurring	FTE Rebalancing	0	0	0	0	0	1.20	3.80	-5.00	0.00	0.00
TOTALS			24,561,509	12,370,889	0	0	36,932,398	10.20	6.80	-5.00	0.00	12.00

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>Federal Authorization &amp; Maintenance of Effort</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$3,000,000</b> <b>Federal: \$12,000,000</b> <b>Other: \$0</b> <b>Total: \$15,000,000</b>
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*What is the net change in requested appropriations for FY 2025-2026? 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 checked="" 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"/>	HR/Personnel 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>Strategy 1.1</p> <p>Evaluate, monitor, and modify aging service programs to maximize the number of people served with state and federal funding, and to ensure programs and services are cost effective and meet best practices, as well as, to achieve greater accountability and transparency.</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>	FTEs within SCDOA which includes salary, employee benefits and operating costs, and providers within the aging network.
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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 DHHS- Administration for Community Living (ACL) method for awarding funds to States is heavily based on the Interstate Funding Formula (IFF). As South Carolina's older adult population grows, there is a direct correlation in the additional funds received through the Older Americans Act (OAA).

Aging is requesting additional federal authorization to appropriately spend additional federal fund awards. In addition, 25% match of state funds are required for Maintenance of Effort.

*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>Older Americans Act (OAA) Compliance</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$255,528</b> <b>Federal: \$271,889</b> <b>Other: \$0</b> <b>Total: \$527,417</b>
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*What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	6.00
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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 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 checked="" type="checkbox"/>	HR/Personnel 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>Strategy 1.1</p> <p>Evaluate, monitor, and modify aging service programs to maximize the number of people served with state and federal funding, and to ensure programs and services are cost effective and meet best practices, as well as, to achieve greater accountability and transparency.</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?*

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

The Final Rule of the Older Americans Act (OAA) was released in February 2024. This is the first substantial update to OAA programs since 1988. The South Carolina Department on Aging has until October 2025 to be in compliance of the OAA final Rule. The OAA requires the Department on Aging to have sufficient staff as the State Unit on Aging (SUA) to carryout the duties defined within the Act. After intensive review of the Final Rule, it was determined that the following positions are needed to meet additional requirements for compliance:

**Veterans' Assistance Specialist - 100% State**

The OAA's goal is to help older adults live independently in their communities by providing the services and support they need which also includes older veterans in South Carolina. To meet requirements and provide services to these older adults, SCDOA needs a fulltime employee 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 older veterans statewide.

**Accountant/ Fiscal Analyst - 100% State**

The OAA Final Rule includes extensive updates for fiscal policies and procedures. It is critical that SCDOA's finance department gains an additional FTE for the success and performance of OAA requirements.

**OAA/ Title III - Program Coordinator I - 75/25%**

Final Rule requires coordination between Title III - Supportive Services and Title VI - Services for Native American Programs. To enhance support for coordination between Title III and Title VI programs, the program coordinator position is essential. This position will be responsible for developing and establishing a relationship with all Tribes located in the state of South Carolina and provide technical assistance to the tribes on how they can apply for available Title III funds. The updated final rule makes clear that all entities are responsible for coordination, including State agencies, Area Agencies on Aging (AAAs), service providers, and Title VI grantees.

**OAA/ Title III - Administrative Coordinator II - 75/25%**

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 and coordination.

**Legal Assistance Developer -75/25%**

With an update to the final rules, revisions were made to the existing regulations concerning legal assistance for older adults to better align with the objectives of the Older Americans Act (OAA). These revisions aim to clarify the responsibilities of State agencies, Area Agencies on Aging (AAAs), and legal assistance providers in delivering legal aid to qualifying older individuals. The OAA emphasizes the rights of older adults to freedom, independence, and protection against abuse and neglect, underscoring the crucial role of legal assistance programs in upholding these rights. To ensure we are in compliance, our agency must have this staff position in place to streamline processes, provide technical assistance for effective coordination among stakeholders, and ensure clarity and consistency in the provision of legal assistance to older adults. In addition, there are also specific requirements for State agencies and AAAs in allocating funds for legal assistance, maintaining contractual agreements with legal assistance providers, and overseeing the provision of legal aid.

**OAA Policy & Training Coordinator - 75/25%**

This position will be responsible for learning OAA policy and reviewing for updates to disseminate information as appropriate to ensure the agency is in compliance. Per the OAA Final Rules, state agencies are also encouraged to translate activities, data, and outcomes into proven best practices. To execute this task, this person will also be responsible for enhancing the skills and knowledge of all staff members by staying up to date with all changes and updates to the OAA, which funds and authorizes a variety of programs and services to help older people live independently and with dignity.

Requested positions and funding are listed below:

<b>Position Name</b>	<b>Salary</b>	<b>Fringe - 43%</b>	<b>Salary + Fringe</b>	<b>Operational</b>	<b>Total</b>
Vet. Assist. Specialist	\$ 55,559.00	\$ 23,890.37	\$ 79,449.37	\$ 3,000.00	\$ 82,449.37
Accountant/Fiscal Analyst	\$ 55,559.00	\$ 23,890.37	\$ 79,449.37	\$ 3,000.00	\$ 82,449.37
OAA Prog. Coord. I	\$ 55,559.00	\$ 23,890.37	\$ 79,449.37	\$ 3,000.00	\$ 82,449.37
OAA Admin Coord. II	\$ 55,559.00	\$ 23,890.37	\$ 79,449.37	\$ 3,000.00	\$ 82,449.37
Legal Assist. Developer	\$ 67,000.00	\$ 28,810.00	\$ 95,810.00	\$ 3,000.00	\$ 98,810.00
OAA Policy & Training Coord.	\$ 67,000.00	\$ 28,810.00	\$ 95,810.00	\$ 3,000.00	\$ 98,810.00
					<b>\$ 527,417.48</b>

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

<b>TITLE</b>	<b>Home and Community Based Services (HCBS)</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$19,870,361</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$19,870,361</b>
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*What is the net change in requested appropriations for FY 2025-2026? 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 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 checked="" 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
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	HR/Personnel 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>	<b>Strategy 1.1</b>  Evaluate, monitor, and modify aging service programs to maximize the number of people served with state and federal funding, and to ensure programs and services are cost effective and meet best practices, as well as, to achieve greater accountability and transparency.
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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?*

	Adults 60+ that receive Home and Community Based Services (HCBS). Funds are
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**RECIPIENTS OF FUNDS**

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

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

**JUSTIFICATION OF REQUEST**

SCDOA is facing multiple obstacles in the continuation of services to our older adults. There is significant growth to the state's 60+ population, inflationary costs for services have reduced purchasing power in addition to the unwinding of ARPA funds.

Aging received \$23,866,767 in ARPA funds which were initially awarded for the period of April 1, 2021 thru September 30, 2024. We seized the opportunity to extend the grants through September 30, 2025 to expend the residual ARPA balance of \$6,085,359. Unfortunately, as these funds end, services must continue. Although ARPA was used for innovative programs, funding provided critical services including: home delivered meals, transportation, pest control and social isolation initiatives.

South Carolina is experiencing significant growth in our aging population in addition to inflationary costs for services. Funds are needed to continue services to our older adults and to meet increasing demands of our aging population.

We have worked collaboratively with our ten Area Agencies on Aging (AAAs) to develop this significant request for HCBS funds. We have determined an additional \$19.8 million in funding is required to adequately serve our older adults statewide.

<b>Service</b>	<b>State Funds Needed</b>
Group Dining	\$ 3,502,840.00
Home Delivered Meals	\$ 11,074,280.50
Transportation - Group Dining	\$ 2,679,555.96
Transportation - Essential Trips	\$ 2,235,012.88
Homemaker	\$ 3,702,910.50
Personal Care	\$ 2,679,300.69
Home Chore	\$ 680,234.04
Legal Assistance	\$ 453,269.50
Assessments	\$ 1,722,105.00
Minor Home Repair/Modification	\$ 2,056,852.00
Pest Control	\$ 56,000.00
<b>Total</b>	<b>\$ 30,842,361.08</b>
<b>Current HCBS Appropriation</b>	<b>\$ 10,972,000.00</b>
<b>FY26 Needs</b>	<b>\$ 19,870,361.08</b>

*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>Home Stabilization Program - FTEs</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$403,013</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$403,013</b>
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*What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	3.00
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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 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 checked="" type="checkbox"/>	HR/Personnel 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>Strategy 1.4</p> <p>Address Minor Home Repairs to help seniors to stay safely in their homes as long as possible and to avoid institutionalization, prevention of falls, and other safety issues by making the necessary home repairs to low income senior homeowners.</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?*

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

This request is a follow-up to last year's request to establish the Home Stabilization Program. Aging was appropriated \$667,078 for funding to complete home modifications and repairs, but positions are needed to administer the program.

The three requested FTEs are the following -

1. Occupational Therapist - To oversee that the modifications are appropriate for the senior(s) living in the home.
2. Occupational Therapist Assistant - To conduct home visits and document the impact of the home modifications and repairs.
3. Program Manager - To complete documentation and coordinate the work with the contractors.

The Older Adult Home Modification Program (OAHMP), funded by the U.S. Department of Housing and Urban Development (HUD), began at the South Carolina Department on Aging (SCDOA) in October 2021 and ends October 2024. While the program changed and enhanced the lives of some of South Carolina's older adults, funding was limited and there were several HUD requirements that limited services to our older adults. While our agency serves older adults aged 60 and older, HUD required 62 years of age and older. In addition, participants had to own the home where the modifications would be installed, have a household income less than or equal to 80% of the local area medium income (AMI) of the Federal Poverty Guidelines, and not reside in a flood zone. Due to the guidelines, HUD only approved this program for 29 out of our state's 46 counties. The newly established state Home Stabilization Program will service all 46 counties.

Requested positions and funding are listed below:

\*Operational costs are higher as these positions require frequent travel and fieldwork\*

<b>Position Name</b>	<b>Salary</b>	<b>Fringe - 43%</b>	<b>Salary + Fringe</b>	<b>Operational</b>	<b>Total</b>
Occupational Therapist	\$ 97,472.00	\$ 41,912.96	\$ 139,384.96	\$ 18,000.00	\$ 157,384.96
Occupational Therapy Assist	\$ 66,488.00	\$ 28,589.84	\$ 95,077.84	\$ 18,000.00	\$ 113,077.84
Prog. Manager I	\$ 80,105.00	\$ 34,445.15	\$ 114,550.15	\$ 18,000.00	\$ 132,550.15
					<b>\$ 403,012.95</b>

*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>	5
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Ombudsman Allocations to AAAs</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$550,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$550,000</b>
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*What is the net change in requested appropriations for FY 2025-2026? 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 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 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"/>	HR/Personnel 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>Strategy 3.5</p> <p>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>Allocations to regional Area Agencies on Aging (AAAs) to sufficiently fund the Ombudsman Program statewide.</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**

In 2005, the SC legislature changed the Omnibus Adult Protection Act (OAPA). In this change, DDSN and DMH could no longer investigate their abuse, neglect, and exploitation (ANE) cases. SLED, APS, and the LTCOP were given the responsibility to investigate complaints of ANE. SLED created a unit Vulnerable Adult Investigation Unit (VAIU) to vet all complaints and investigate or refer complaints. APS handles non-criminal complaints in the community and the Long-Term Care Ombudsman Program (LTCOP) was established to investigate all non-criminal complaints in these facilities.

Additional funding is needed to expand the DDSN/DMH Ombudsman Program statewide within all ten AAA Regions. There has not been an increase in funding for this program since its inception in 2005. During the establishment of this Ombudsman Program, Aging was appropriated funds to provide Ombudsman services within five regions which was done in 2006. The five funded regions (Appalachia, Upper Savannah, Waccamaw, Trident and Lowcountry) have either a full-time or part-time DDSN/DMH Ombudsman, but funding is needed to maintain the existing regions and expand the program and cover the remaining five regions.

Currently five of the ten AAA regions receive state allocations for the DDSN/DMH Ombudsman program and there is one Ombudsman at the state office covering the five unfunded regions which is not sustainable. To ensure continuity of service by trained, knowledgeable staff, additional funding is required to expand the program to the remaining five regions: Catawba, Central Midlands, Lower Savannah, Santee Lynch and Pee Dee.

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

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

<b>AMOUNT</b>	<b>General: \$348,158</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$348,158</b>
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*What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>2.00</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 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 checked="" type="checkbox"/>	IT Technology/Security related
	<input checked="" type="checkbox"/>	HR/Personnel 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>Strategy 1.1</p> <p>Evaluate, monitor, and modify aging service programs to maximize the number of people served with state and federal funding, and to ensure programs and services are cost effective and meet best practices, as well as, to achieve greater accountability and transparency.</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?*

	FTEs within SCDOA which includes salary, employee benefits and operating costs.
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**RECIPIENTS OF FUNDS**

State vendors will receive funds for good and services to operate the program.

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

The House Legislative Oversight Committee conducted a study on the Department of Aging and the report was finalized August 2023. As a result, the following requests are needed to address the referenced HOC Recommendations:

**Recommendation #5: Agency eLearning/Learning Management System**

1 FTE - Learning Management System (LMS) Program Coordinator- 100% State

HOC recommended implementation of an eLearning system to train internal and AAA staff on policies, procedures and programs. The State's LMS can only be used by state employees and is inaccessible to AAAs, providers, and other public partners within the Aging Network. SCDOA has invested in an online Learning Management System for the Ombudsman Program, but eLearning must be expanded agency wide.

Additionally, a new IT position is needed to manage this initiative. While each program will be responsible for the content, a dedicated staffer 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 continuous training to volunteers in the Vulnerable Adult 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.

**Recommendation #12: Marketing and Communications Division**

1 FTE - Communications Coordinator - 100% State

HOC recommended creating a Marketing and Communications Division. This division would build the agency's outreach and brand recognition, assist the AAAs with marketing strategies and establish relationship building with other entities within the aging network.

SCDOA currently has a Communications Director, but to successfully establish this division an additional FTE for a Communications Coordinator and \$167,000 operational funds are needed. The agency previously used federal grants for media and marketing, but state funds are needed to continue marketing efforts, capture a greater target market and promote awareness of services provided by the SCDOA.

**JUSTIFICATION OF REQUEST**

Requested positions and funding are listed below:

<b>Position Name</b>	<b>Salary</b>	<b>Fringe - 43%</b>	<b>Salary + Fringe</b>	<b>Operational</b>	<b>Total</b>
Prog. Coord. II - LMS	\$ 66,488.00	\$ 28,589.84	\$ 95,077.84	\$ 3,000.00	\$ 98,077.84
Communications Coordinator	\$ 56,000.00	\$ 24,080.00	\$ 80,080.00	\$ 3,000.00	\$ 83,080.00
					<b>\$ 181,157.84</b>

*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>	7
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*Provide the Agency Priority Ranking from the Executive Summary.*

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

<b>AMOUNT</b>	<p><b>General: \$79,449</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$79,449</b></p>
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*What is the net change in requested appropriations for FY 2025-2026? 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 checked="" type="checkbox"/>	HR/Personnel 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>Strategy 3.1</p> <p>Provide Adult Guardian ad Litem services to vulnerable adults in South Carolina in cases of abuse, neglect, and exploitation.</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>	FTE within SCDOA which includes salary and fringe.
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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**

To keep up with the growing aging population, an additional FTE is needed to appropriately staff the Vulnerable Adult Guardian Ad Litem (VAGAL) Program. The additional person will assist, support and maintain vulnerable adults caseload throughout the state. The older adult population continues to grow and the additional FTE is needed to assist with representation within the court system and ensure their rights are protected and conveyed in as required by law.

Requested position and funding are listed below:

<b>Position Name</b>	<b>Salary</b>	<b>Fringe - 43%</b>	<b>Salary + Fringe</b>
Program Coord. II - VAGAL	\$ 55,559.00	\$ 23,890.37	\$ 79,449.37

*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>	<b>8</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>IT - DTO Shared Services</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$55,000</b> <b>Federal: \$99,000</b> <b>Other: \$0</b> <b>Total: \$154,000</b>
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*What is the net change in requested appropriations for FY 2025-2026? 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 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 checked="" type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	HR/Personnel Related
<input checked="" 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 checked="" 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>Strategy 1.1</p> <p>Evaluate, monitor, and modify aging service programs to maximize the number of people served with state and federal funding, and to ensure programs and services are cost effective and meet best practices, as well as, to achieve greater accountability and transparency.</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>	The Department of Administration, Division of Technology Operations
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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?*

In accordance with Proviso 117.107: Statewide Strategic Information Technology Plan Implementation, Aging was evaluated by the Department of Administration's Division of Technology Operations and transitioned to IT shared services. Although Aging has covered the current expenses with agency reserves, this is not sustainable and we are now requesting additional funds to cover future expenses.

IT shared services are approximately \$99,000 per year and includes the following: Data warehouse, Internet service, managed workstation, network switch maintenance, office 365 and SSL Licenses

**JUSTIFICATION OF REQUEST**

<b>Item Description</b>	<b>State Funds</b>	<b>Federal Funds</b>	<b>Totals</b>
Datawarehouse and APIs	\$ 5,000.00		\$ 5,000.00
Acrobat Pro yearly licenses	\$ 1,700.00		\$ 1,700.00
DTO provided internet service	\$ 12,000.00		\$ 12,000.00
Remote Shared workstations	\$ 12,436.20	\$ 37,308.60	\$ 49,744.80
Maintenance of two switches by DTO.	\$ 2,520.00		\$ 2,520.00
Office365 w/OneDrive	\$ 6,600.60	\$ 19,801.80	\$ 26,402.40
Secure Certification License	\$ 200.00		\$ 270.00
For editing training videos - Adobe Premier Pro	\$ 460.00		\$ 460.00
Firewall Management	\$13,693.20	\$41,079.60	\$54,772.80
<b>Totals</b>	<b>\$ 54,610.00</b>	<b>\$ 98,190.00</b>	<b>\$ 152,870.00</b>

*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>	9
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*Provide the Agency Priority Ranking from the Executive Summary.*

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

<b>AMOUNT</b>	<b>General: \$0</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$0</b>
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*What is the net change in requested appropriations for FY 2025-2026? 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 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 checked="" type="checkbox"/>	HR/Personnel 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>Strategy 1.1</p> <p>Evaluate, monitor, and modify aging service programs to maximize the number of people served with state and federal funding, and to ensure programs and services are cost effective and meet best practices, as well as, to achieve greater accountability and transparency.</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>	FTEs within SCDOA which includes salary, employee benefits and operating costs.
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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**

This request is needed to correctly align agency FTEs with funds. When SCDOA became a stand-alone agency in 2019, sufficient FTEs were not assigned. Since establishment of the agency, Aging has strived to effectively manage FTEs. With the amendment of Proviso **177.14: FTE Management** this is no longer feasible and the following FTEs adjustments are needed to rebalance the agency:

- Move 5.0 FTEs from Other - 1.2 FTEs to State and 3.8 to Federal

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

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

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

**NUMBER**

40.5

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

**TITLE**

Home and Community-Based Services

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

**BUDGET PROGRAM**

HCBS

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

**RELATED BUDGET REQUEST**

B1 - Home and Community Based Services

*Is this request associated with a budget request you have submitted for FY 2025-2026? If so, cite it here.*

**REQUESTED ACTION**

Amend

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

**OTHER AGENCIES AFFECTED**

No state agencies but will affect Area Agencies on Aging (AAAs).

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

**SUMMARY & EXPLANATION**

The expansion of HCBS services is also required to meet the critical needs of older adults statewide. SCDOA has identified a major need for pest control, dental and other supportive health services that are excluded by Medicaid.

Without amendment of the proviso, older adults will remain unserved for these essential needs.

*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

Additional State funds are required. Please see B1 Request for HCBS.

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

## PROPOSED PROVISO TEXT

40.5. (AGING: Home and Community-Based Services) State funds appropriated for Home and Community-Based Services shall be used to fund those services that most directly meet the goal of allowing seniors to live safely and independently at home. Allowable services as defined in the Department on Aging's State Plan include **but not limited to: pest control, dental and other supportive health services**, programs to promote social connection, group dining, home delivered meals, transportation to group dining sites, transportation for essential trips, personal care, homemaker, Home Chore, Home Modification, Legal Assistance, and Assessments. Area Agencies on Aging (AAAs) may expend no more than ten percent for administrative services and one-quarter of one percent shall be retained by the Department on Aging to provide monitoring and oversight of the program. However, up to three percent of the annual state appropriation for Home and Community-Based Services may be retained at the Department on Aging to be allocated by the department to the affected regions in cases of an emergency and/or natural disaster recognized by the Governor. If these funds are not utilized in the fiscal year allocated, they are to be treated as carry forward funds and reallocated to the AAAs. The Intrastate Funding Formula shall be used as a guideline for the allocation of state funds appropriated for Home and Community-Based Services. The Department on Aging shall develop and implement a structured methodology to allocate the state Home and Community-Based Services funding. The methodology shall include flexibility to reallocate funds amongst the AAAs, and be composed of, at a minimum, the following factors: a minimum base amount, the fiscal year's federally allocated funds, federal and state carry forwards funds, and an appropriate weighted proportion that will achieve the mission of the Department on Aging to provide as many services as possible to the citizens of South Carolina. Each AAA shall submit a budget for approval by the Department on Aging indicating the services to be provided. Any unexpended Home and Community-Base Services funds in this program shall be carried forward by the Department on Aging and used for the same purposes. Funds may not be transferred from the Home and Community-Based special line item for any other purpose.

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



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

## **FORM D – PROVISIO REVISION REQUEST**

<b>NUMBER</b>	40.6
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*Cite the proviso according to the renumbered list (or mark "NEW").*

<b>TITLE</b>	Geriatric Loan Forgiveness Program
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*Provide the title from the renumbered list or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	II. A. Geriatric Physician Loan Foregivess Program
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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 2025-2026? If so, cite it here.*

<b>REQUESTED ACTION</b>	Amend
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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>As result of the August 2023 House Legislative Oversight Committee (HOC) Report of SCDOA, the following recommendation was made:</p> <p>Increase the \$35,000 award amount to \$50,000. The last increase of the award amount was by Act 165 in 2005.</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**

Increase state appropriations by \$15,000 per fiscal year.

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

**PROPOSED  
PROVISO TEXT**

In lieu of quarterly payments to a recipient of the Geriatric Physician Loan Program, the Department on Aging is authorized to make a single lump sum payment to the lending institution of up to ~~\$35,000~~ **\$50,000** or the loan balance, whichever is less. Any unexpended balance on June thirtieth of the prior fiscal year of funds appropriated in Part IA, Section 40, Geriatric Physician Loan Program, shall be carried forward and used for the same purpose as originally appropriated.

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

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

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

**NUMBER**

40.NEW

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

**TITLE**

Allocations and Aid Carryforward

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

**BUDGET PROGRAM**

IIA. Aging Assistance , IIC. Long Term Care Ombudsman

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

**RELATED BUDGET REQUEST**

B1 - Ombudsman Allocations to AAAs

*Is this request associated with a budget request you have submitted for FY 2025-2026? If so, cite it here.*

**REQUESTED ACTION**

Add

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

**OTHER AGENCIES AFFECTED**

No state agencies but will affect Area Agencies on Aging (AAAs).

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

**SUMMARY & EXPLANATION**

Unexpended funds designated as allocations or aid would be available to organizations across fiscal years to continue fulfilling the mission to serve older adults statewide.

*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**

Regional AAAs and other entities would retain remaining allocations and aid across fiscal years to continue services to older adults.

*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 appropriated to the Department on Aging for allocations or aid shall be carried forward from the prior fiscal year and used for the same purpose by the department.**

*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>	3% Cost Reduction
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<b>AMOUNT</b>	\$676,012
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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>	None - Services would be impacted by the 3% General Fund Cost Reduction. SCDOA is currently operating with minimal staff and can not adequately support agency operations if FTEs are reduced.
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM / ACTIVITY IMPACT</b>	<p>II.A. Aging Assistance Programs would be reduced to support the 3% cost reduction.</p> <ul style="list-style-type: none"> <li>• Geriatric Loan Forgiveness</li> <li>• Silver Haired Legislature</li> <li>• Family Caregivers</li> </ul>
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	<p>SCDOA is currently navigating a significant increase to our older adult population and is unable to manage a 3% reduction in state funds without impacting services. The reduction of Family Caregivers</p> <p>The following programs would be reduced by the following amounts:</p> <ul style="list-style-type: none"> <li>• Geriatric Loan Forgiveness - \$35,000</li> <li>• Silver Haired Legislature - \$15,000</li> <li>• Family Caregivers - \$626,012</li> </ul>
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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**

SCDOA is continuously looking for ways to reduce agency spending. Unfortunately, most of the agency's spending is for maintenance of effort for federally mandated grants which makes cost savings plans infeasible for the agency.

*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?*