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

**Fiscal Year FY 2027-2028**

**Agency Budget Plan**

# FORM A - BUDGET PLAN SUMMARY

| | For FY 2027-2028, my agency is (mark "X"): | |
|---|---|---|
| **OPERATING REQUESTS** *(FORM B1)* | X | Requesting General Fund Appropriations. |
| | X | Requesting Federal/Other Authorization. |
| | | Not requesting any changes. |

| | For FY 2027-2028, my agency is (mark "X"): | |
|---|---|---|
| **NON-RECURRING REQUESTS** *(FORM B2)* | | Requesting Non-Recurring Appropriations. |
| | | Requesting Non-Recurring Federal/Other Authorization. |
| | X | Not requesting any changes. |

| | For FY 2027-2028, my agency is (mark "X"): | |
|---|---|---|
| **CAPITAL REQUESTS** *(FORM C)* | | Requesting funding for Capital Projects. |
| | X | Not requesting any changes. |

| | For FY 2027-2028, my agency is (mark "X"): | |
|---|---|---|
| **PROVISOS** *(FORM D)* | X | Requesting a new proviso and/or substantive changes to existing provisos. |
| | | Only requesting technical proviso changes (such as date references). |
| | | Not requesting any proviso changes. |

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

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

I have reviewed and approved the enclosed FY 2027-2028 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

| | *Agency Director* | *Board or Commission Chair* |
|---|---|---|
| ***SIGN/DATE:*** | Connie D. Munn 9/25/2026 | |
| ***TYPE/PRINT NAME:*** | Connie D. Munn, MSW | |

*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 | 1,250,000 | 3,750,000 | 0 | 0 | 5,000,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | B1 - Recurring | Home and Community Based Services (HCBS) - Meals | 6,100,000 | 0 | 0 | 0 | 6,100,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3 | B1 - Recurring | FTE Alignment | 0 | 0 | 0 | 0 | 0 | 2.00 | -2.00 | 0.00 | 0.00 | 0.00 |
| TOTALS | | | 7,350,000 | 3,750,000 | 0 | 0 | 11,100,000 | 2.00 | -2.00 | 0.00 | 0.00 | 0.00 |

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

# FORM B1 – RECURRING OPERATING REQUEST

**AGENCY PRIORITY**

**1**

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

**TITLE**

**Federal Authorization & Maintenance of Effort**

*Provide a brief, descriptive title for this request.*

**AMOUNT**

**General: $1,250,000**

**Federal: $3,750,000**

**Other: $0**

**Total: $5,000,000**

*What is the net change in requested appropriations for FY 2027-2028? This amount should correspond to the total for all funding sources on the Executive Summary.*

**NEW POSITIONS**

**0.00**

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

**FACTORS ASSOCIATED WITH THE REQUEST**

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

**STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES**

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

**ACCOUNTABILITY OF FUNDS**

**Strategy 1.3**
Improve access to essential services for older adults, adults living with disabilities, and family caregivers, especially those facing additional barriers, by enhancing service delivery, raising awareness, and aligning services with state needs.

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

**RECIPIENTS OF FUNDS**

Federal Grant funded Programs & Services, incuding the following:

- FTEs within SCDOA to include salary, employee benefits and operating cost
- State vendors for goods and servcies provided
- AAAs/Providers to provide services within the aging network

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

**Need:** The Department on Aging is requesting $3,750,000 in recurring federal authorization to properly utilize additional federal grant awards. Additionally, the department requests $1,250,000

| | |
|---|---|
| **JUSTIFICATION OF REQUEST** | in recurring general funds to meet the 25% state match required for grant Maintenance of Effort (MOE).<br><br>**Justification:** As South Carolina's Aging population grows, SCDOA anticipates more federal funding. There is a direct correlation between demographic growth and additional funds recieved under the Older Americans Act (OAA) to support older adults and adults with disabilities. The DHHS-Admistration for Community Living (ACL) methodology for awarding funds to states is heavily based on the Interstate Funding Formula (IFF), which aligns funds with demographic shifts.<br><br>**Outcome/ROI:** Additional federal authorization and state match would allow Aging to spend total projected federal funds to provide services to the increasing aging population.<br><br>**Impact If Unfunded:** If this request is not appropriated, temporary federal authorization could be requested but Aging would risk the return of unspent federal funds without the required state match. |

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

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

# FORM B1 – RECURRING OPERATING REQUEST

**AGENCY PRIORITY**

**2**

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

**TITLE**

**Home and Community Based Services (HCBS) - Meals**

*Provide a brief, descriptive title for this request.*

**AMOUNT**

**General: $6,100,000**

**Federal: $0**

**Other: $0**

**Total: $6,100,000**

*What is the net change in requested appropriations for FY 2027-2028? This amount should correspond to the total for all funding sources on the Executive Summary.*

**NEW POSITIONS**

**0.00**

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

**FACTORS ASSOCIATED WITH THE REQUEST**

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

**STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES**

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

**ACCOUNTABILITY OF FUNDS**

**Strategy 1.1**
Improve access to essential services for older adults, adults living with disabilities, and family caregivers, especially those facing additional barriers, by enhancing service delivery, raising awareness, and aligning services with state needs.

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

**RECIPIENTS OF FUNDS**

Adults 60+ that qualify to receive Home and Community Based Services. Funds are allocated to the AAAs to provide services through the aging network of providers.

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

**Need:** A recurring appropriation of $6.1 million is requested to address the growing demand for meal services across South Carolina. Approval of this request will provide meals to approximately 2,000 additional adults with the most significant needs. Funds would reduce the waitlist by nearly 48 percent, from 4,200 to 2,200

**JUSTIFICATION OF REQUEST**

individuals.

**Justification:** Despite increased budget and service delivery efforts, meal waitlists remain stagnant, with nearly 2,000 individuals with significant needs awaiting assistance. South Carolina is the fastest growing state in the nation driven by the domestic migration and the natural aging of baby boomers. Compounding this challenge are inflationary costs for services. This request is needed to keep pace with the rapidly aging population and the increased demand for services. Therefore, $6.1 million is requested to serve approximately 2,000 additional meal clients.

**HCBS Request for Meals**

| Meal Types | Cost per Meal | Servings per Year | Total Meal Cost per Client | # of People with Highest Need | Total Funds |
|---|---|---|---|---|---|
| Home Delivered | $ 9.95 | 250 | $ 2,487.50 | 2296 | $ 5,711,300 |
| Congregate | $ 11.40 | 250 | $ 2,850.00 | 50 | $ 142,500 |
| Totals | | | | 2346 | $ 5,853,800 |
| Total with 4% CPI Adjustment | | | | | $ 6,087,952 |

**Outcome/ROI:** Food insecurity is one of the most preventable pathways leading to institutional care in hospitals or nursing homes. Every older adult served saves the state more than $3,000 per month compared to institutional care. Serving 2000 additional older adults would save the state $6 million per month.

**Impact If Unfunded:** Without additional funding, Aging lacks resources required to meet critical service demands. Leaving high-risk older adults on meal waitlists increase food inseurity and drives transition into costly institutional care.

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

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

# FORM B1 – RECURRING OPERATING REQUEST

**AGENCY PRIORITY**

**3**

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

**TITLE**

**FTE Alignment**

*Provide a brief, descriptive title for this request.*

**AMOUNT**

**General: $0**

**Federal: $0**

**Other: $0**

**Total: $0**

*What is the net change in requested appropriations for FY 2027-2028? This amount should correspond to the total for all funding sources on the Executive Summary.*

**NEW POSITIONS**

**0.00**

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

**FACTORS ASSOCIATED WITH THE REQUEST**

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

**STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES**

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

**ACCOUNTABILITY OF FUNDS**

**Strategy 2.1**
Provide support to VAGAL SC volunteers who have been recruited and trained, and who have either served as guardians ad litem for vulnerable adults in family court or supported the program through recruitment, training, or involvement in Vulnerable Adult Fund initiatives.

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

**RECIPIENTS OF FUNDS**

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

*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?*

This request is required to maintain compliance with proviso 177.14: FTE Management. To allow Aging to correctly align agency FTEs with funds, the following adjustment is required -

| | |
|---|---|
| **JUSTIFICATION OF REQUEST** | Move 2.0 FTEs from federal to state to properly staff the Vulnerable Adult Guardian Ad Litem (VAGAL) Program. Funding is available for these positions. |

*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.NEW |

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

| | |
|---|---|
| **TITLE** | Repurpose ARP & HUD Funds |

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

| | |
|---|---|
| **BUDGET PROGRAM** | 9824.070000x000- HUD & 9830.060000x000- ARP |

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

| | |
|---|---|
| **RELATED BUDGET REQUEST** | |

*Is this request associated with a budget request you have submitted for FY 2027-2028? 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** | The following non-recurring funds for HUD and ARP were appropriated in FY23. Grants utilizing these funds ended in 2025 and a total of **$94,898.67** is remaining. Aging is requesting to repurpose the remaining balance to our Software and Technology System Upgrades. The repurposed funds will continue improvements to our Aging Services System for data and reporting analytics. Additionally, this request helps eliminate the need for additional funds at this time.<br><br>• FY23 Proviso 118.19(42)(a)- American Rescue Plan Funding - State Match $ 3,553,000; **$17,106.40 remaining**<br>• FY23 Proviso 118.19(42)(b) - HUD Home Modification $ 150,000; **$77,792.27 remaining** |

*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.*

| | |
|---|---|
| | No fiscal impact. Repurposing these funds eliminates the need to request additional non-rucurring funds at this time. |

| | |
|---|---|
| **FISCAL IMPACT** | |

*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** | **All unexpended funds appropriated to Aging in FY23 Proviso 118.19(4) items a-b shall be repurposed to the agency's Software and Technology System Upgrades.** |

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

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

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

| | |
|---|---|
| **TITLE** | 3% Cost Reduction |
| **AMOUNT** | $1,276,040 |

*What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*

| | |
|---|---|
| **ASSOCIATED FTE REDUCTIONS** | No FTEs would be impacted by the 3% General Fund Cost Reduction. |

*How many FTEs would be reduced in association with this General Fund reduction?*

| | |
|---|---|
| **PROGRAM / ACTIVITY IMPACT** | The following Aging programs would be reduced to support the 3% cost reduction:<br>• Alzheimers Respite<br>• VAGAL<br>• Home Stabilization |

*What programs or activities are supported by the General Funds identified?*

| | |
|---|---|
| **SUMMARY** | SCDOA is navigating a significant increase of our older adult population and is unable to manage a 3% reduction in budget without impacting current services. The following program budgets would be reduced by the reflected amounts:<br>• Alzheimers Respite $508,579<br>• VAGAL $300,000<br>• Home Stabilization $467,461 |

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

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

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