

Agency Name:	Attorney General's Office		
Agency Code:	E200	Section:	59



## Fiscal Year FY 2021-2022

## Agency Budget Plan

### FORM A - BUDGET PLAN SUMMARY

<b>OPERATING REQUESTS</b>  <i>(FORM B1)</i>	<b>For FY 2021-2022, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input 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 2021-2022, 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 2021-2022, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.
	<input type="checkbox"/>	

<b>PROVISOS</b>  <i>(FORM D)</i>	<b>For FY 2021-2022, my agency is (mark "X"):</b>	
	<input 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 checked="" 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>	Kimberly Buckley	(803) 734-3771	kbuckley@scag.gov
<b>SECONDARY CONTACT:</b>	Tammie Wilson	(803) 734-3722	twilson@scag.gov

I have reviewed and approved the enclosed FY 2021-2022 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:	Attorney General's Office
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BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Department of Crime Victim Compensation Claims	3,200,000	0	0	0	3,200,000	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	Stability Funding	1,500,000	0	0	0	1,500,000	13.00	0.00	-13.00	0.00	0.00
3	B1 - Recurring	Human Trafficking Task Force	151,500	0	0	0	151,500	2.00	0.00	0.00	0.00	2.00
4	B1 - Recurring	Assistant Solicitor General	150,000	0	0	0	150,000	1.00	0.00	0.00	0.00	1.00
5	B1 - Recurring	Insurance Fraud Investigator and Paralegal	201,440	0	0	0	201,440	2.00	0.00	0.00	0.00	2.00
6	B1 - Recurring	Crime Victim Ombudsman Operating	59,000	0	0	0	59,000	0.00	0.00	0.00	0.00	0.00
7	B1 - Recurring	Medicaid Provider Fraud Grant Match Funding	400,000	0	0	0	400,000	0.00	0.00	0.00	0.00	0.00
8	B1 - Recurring	Anti-Money Laundering Registrar and Administrator	216,500	0	0	0	216,500	2.00	0.00	0.00	0.00	2.00
9	B1 - Recurring	FTE Realignment	0	0	0	0	0	11.00	0.00	-11.00	0.00	0.00
TOTALS			5,878,440	0	0	0	5,878,440	31.00	0.00	-24.00	0.00	7.00

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

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

<b>TITLE</b>	Department of Crime Victim Compensation Claims
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$3,200,000</b></p> <p><b>Federal: \$0</b></p>
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Other: \$0

Total: \$3,200,000

What is the net change in requested appropriations for FY 2021-2022? 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
- 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
- Consulted DTO during development
- 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
- Government and Citizens

**ACCOUNTABILITY OF FUNDS**

This funding will ensure continued support of compensation to Crime Victim's and their families directly affected by crime in the State of SC. This funding will support strategic planning objective 6.1.1-Crime Victim Services Claim Processing.

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**

The funds would be used to support claim payments for the DCVC sexual assault program for both adult and child sexual assault victims. These funds would also support crime victim claims for hospital costs, medical expenses, loss wages and funeral cost.

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**

The Department of Crime Victim Compensation provides reimbursement for losses resulting criminal victimization in the state of South Carolina. The department has seen a steady rise in compensation claims in the area of medical, funeral, loss wages and sexual assault. Some increases climbing as high as 50% in FY19. While experiencing a rise in claims and increase in claim payouts, the department has also experienced a steady decrease in their primary source of revenue from court fees, fines and assessments over the past five years. The Department has experienced an overall decrease of \$1.5 million in revenue and a will face a reduction in federal grant funding in the coming years. Due to several years of decreasing revenues and increasing claims, the agency was forced to reduce hospital claims payouts to control spending and avoid significant hardship.

In order to continue serving the victim community and ensuring all victims receive

**REQUEST**

critical services and support, the Compensation Department is requesting \$3.2 million in recurring general funding in FY22 budget request. This funding will support the steady increase of claims for sexual assault examinations for adults and children, hospital costs, other medical cost, loss wages and funeral cost.

DCVC received a 60% match on the actual benefits the agency pays out to the crime victims. Therefore, any state funding allocated for these services are matched 60% by federal Victims of Crime Act (VOCA) grant funds.

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*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>	2
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*Provide the Agency Priority Ranking from the Executive Summary.*

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

<b>AMOUNT</b>	<b>General: \$1,500,000</b>  <b>Federal: \$0</b>  <b>Other: \$0</b>  <b>Total: \$1,500,000</b>
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*What is the net change in requested appropriations for FY 2021-2022? 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 checked="" type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<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>	The funds will directly affect all agency operations and retain critical personnel.
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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 FUNDS</b>	The funds will be utilized to transfer the remaining FTEs on one-time funds to a stable funding source, retain top talent through appropriate salary adjustments and fund other critical recurring operations which are currently funded by one-time funds.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION OF  
REQUEST**

The Attorney General’s Office is seeking to secure the recurring funding needed to transfer the remaining 13 FTEs on one-time funding to state funding to stabilize agency operations and retain critical talent to meet the Agency’s mission.

The Agency has shifted from a decade long practice of relying on the statutory authorization to keep funds retained through litigation to cover the budget shortfall. This fluctuating revenue stream is unreliable and unpredictable yet it accounted for over 50% of the office funding until recent fiscal years. This unpredictable revenue stream has been the Agency’s primary requirement for carryover funds to meet the necessities of the office.

Should the agency not secure a stable source of revenue for the remaining FTEs and other recurring operating expenses that current rely on one-time funding, the agency could conceivably face a reduction in personnel and non-mandated services to the State in future fiscal years.

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

<b>TITLE</b>	<b>Human Trafficking Task Force</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$151,500</b>  <b>Federal: \$0</b>  <b>Other: \$0</b>  <b>Total: \$151,500</b>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	2.00
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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 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 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>These funds will support Human Trafficking Task Force 1.7.1.</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 FUNDS</b>	<p>These funds will support two FTEs-HT Program Coordinator and HT Program Assistant to provide training, education and awareness to the rapidly growing Human Trafficking Task Force and provide awareness and education across cross the state.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

## JUSTIFICATION OF REQUEST

The South Carolina Human Trafficking Task Force is a legislatively mandated entity leading the anti-trafficking efforts in the state through prevention, prosecution, and response. The Attorney General's Office collaborates with multiple sectors throughout the state as well as regional and federal partners. The following positions are central to the successful execution of key initiatives and trainings, many mandated under state law.

### Program Coordinator

The Program Coordinator is a key role that would ensure professional training and community awareness initiatives are executed utilizing the most relevant research and data in the field. The responsibilities of the position would include, but not limited to, the following:

- Develop a knowledge repository to house virtual trainings and maintain sector specific hubs to ensure access to professionals within each field.
- Coordinate and implement in-person and virtual trainings by request and as required by legislative mandate on various human trafficking topics relevant to professional sectors. All trainings will be approved for VSP/VSP-HT, CLE, and CLEE credit for attendees (judges, prosecution, law enforcement, health professionals, victim advocates, and other service providers)
- Develop and implement the Victim Service Provider Certification for Human Trafficking (VSP-HT) trainings while reviewing eligibility and communicating with the accreditation office.
- Create and maintain an online training calendar to better inform State Task Force members of the opportunities to engage in professional development inclusive of emerging research and evidence in the field.
- Collaborate with State Task Force subcommittee chairs to identify training priorities within their sector (law enforcement, healthcare, education, direct services, prosecution, interfaith community, etc) and coordinate cross sector efforts.
- Conduct research and gather data pertaining to the human trafficking field for training and reporting purposes.
- Identify sector specific expert presenters, coordinate their delivery of trainings, and ensure payment of services (as needed).

### Program Assistant

The Program Assistant has proven to be a critical support in further developing and implementing the larger strategic efforts of the South Carolina Human Trafficking Task Force. Responsibilities include, but are not limited to, the following:

- Aid with the development of public awareness campaigns inclusive of brochures, posters, and other items designed to better inform South Carolinians.
- Support efforts to maintain social media sites and the State Task Force website.
- Assist in the development of sector-specific trainings.
- Ongoing data collection and research efforts focused on emerging issues in the field.
- Monitor media coverage, compile articles of interest to Task Force members, and design the quarterly State Task Force newsletter while also maintaining the member listserv.
- Support the strategic planning process and resource development for key initiatives including the Labor Trafficking Initiative, Higher Education Initiative, Interfaith Engagement Initiative, and COVID-19 Response.
- Support the creation of partnerships between the Office of the South Carolina Attorney General and key stakeholders statewide to prevent the crime and support survivors while strengthening South Carolina's anti-human trafficking strategy.

Collaborate with local, regional, and national partners to support and facilitate a streamlined response to survivor needs in South Carolina.

*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>	4
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Assistant Solicitor General</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$150,000</b>  <b>Federal: \$0</b>  <b>Other: \$0</b>  <b>Total: \$150,000</b>
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*What is the net change in requested appropriations for FY 2021-2022? 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 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>	Objective 3.1
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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 FUNDS</b>	The Attorney General's Office is requesting an Assistant Solicitor General to support the increase in requests referred to the Office. This position would require strong writing and advocacy skills necessary to process Insurance Fraud cases.
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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?*

In order to keep up with the number of Supreme Court and High Level litigation referred to our office, The Attorney General's Office is requesting an Assistant Solicitor General who will be responsible for drafting and arguing highly technical multistate and constitutional challenges at the state and federal level.

**JUSTIFICATION OF  
REQUEST**

*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>	<b>Insurance Fraud Investigator and Paralegal</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$201,440</b>  <b>Federal: \$0</b>  <b>Other: \$0</b>  <b>Total: \$201,440</b>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	2.00
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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 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>These funds will support strategic planning objective 1.1 to investigate and prosecute Insurance Fraud in the State of SC.</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 FUNDS</b>	<p>The Attorney General's Office is requesting an Insurance Fraud Investigator and Insurance Fraud Paralegal to support the increase in cases referred to the Office, as mandated by The Omnibus Insurance Fraud and Reporting Immunity Act. All of these positions would require strong investigatory and administrative skills necessary to process Insurance Fraud cases.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION OF  
REQUEST**

In order to keep up with the number of complaints of Insurance Fraud referred to our office, The Attorney General's Office is requesting an Insurance Fraud Investigator who will be responsible for locating and interviewing targets and collecting evidence around the state. In addition the agency will need an Insurance Fraud Paralegal with strong organizational skills to help prepare numerous voluminous files. All of these positions require an understanding of white collar crimes.

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

<b>TITLE</b>	<b>Crime Victim Ombudsman Operating</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$59,000</b>  <b>Federal: \$0</b>  <b>Other: \$0</b>  <b>Total: \$59,000</b>
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*What is the net change in requested appropriations for FY 2021-2022? 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 checked="" 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>	This funding will support strategic objective 7.1 Crime Victim Services.
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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 FUNDS</b>	This funding will support the increasing operating expenses of the Crime Victim Services Ombudsman's Department.
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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?*

**JUSTIFICATION OF  
REQUEST**

The Department of Crime Victim Ombudsman currently receives \$241k from the Department of Crime Victim Compensation through statute and proviso. Their expenditures last year were a little over \$260k. These were predominantly for salary and benefits (retirement, health, social security, etc.) plus office rental and IT expenses. It is recommended that the budget be increased with state funds to \$300,000 which would give the department adequate funding for future unanticipated expenses and stability.

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

<b>TITLE</b>	<b>Medicaid Provider Fraud Grant Match Funding</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$400,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$400,000</b>
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*What is the net change in requested appropriations for FY 2021-2022? 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 checked="" 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>	These funds will support strategic planning objective 1.3.
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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 FUNDS</b>	The funding will be used to support personnel and operations for the Medicaid Provider Fraud Program. The Federal USDHHS grant received to support 75% of the program requires a 25% state match. The funds will be used to support the matching requirements.
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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?*

**JUSTIFICATION OF  
REQUEST**

The State Medicaid Fraud Control Program has seen a significant reduction in recovery from Medicaid Fraud prosecution. Due to the rapid reduction in recovery, the program is struggling to generate funding required to match their federal program at 25%. The agency is seeking \$400,000 (Annual Program Award \$1.9m) in revenue to support the continued effort of the State Medicaid Fraud Control Program for FY22 and beyond.

*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:	Attorney General's Office		
Agency Code:	E200	Section:	59

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

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

<b>TITLE</b>	<b>Anti-Money Laundering Registrar and Administrator</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$216,500</b>  <b>Federal: \$0</b>  <b>Other: \$0</b>  <b>Total: \$216,500</b>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	2.00
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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 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>	This funding will support strategic objective 3.1.
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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 FUNDS</b>	These funds will support the Anti-Money Laundering division which was mandated without sufficient funding or FTEs to support continuing operations. The agency is requesting an Anti-Money Laundering Administrator and Anti-Money Laundering Registrar to carry out mandated operations.
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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?*

**JUSTIFICATION OF  
REQUEST**

In order to implement the licensing and examination provisions of the South Carolina Anti-Money Laundering Act, the Attorney General's Office is requesting a Registrar who will be responsible for evaluating, processing and maintaining applications for persons desiring to become licensed to act as money transmitters in our state. In addition, the agency will need an Anti-Money Laundering Administrator with a strong financial analysis background who will assist with the more complex licensing applications, as well as perform examinations of licensees and evaluate unregistered activity. Such positions require a high level of financial knowledge and background, as well as an understanding of the money services industry.

*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:	Attorney General's Office		
Agency Code:	E200	Section:	59

## **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 Realignment</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 2021-2022? 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 checked="" 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>All objectives will be supported by this request. This request would allow the funds allocated in FY19-20 budget to be utilized as requested.</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 FUNDS</b>	<p>There is no impact on funding associated with this request.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION OF  
REQUEST**

The office of Attorney General received an increase in general funds in FY19-20 of \$1,500,000 and requested the current other 11 FTEs be switched over to state funding to utilize the funds received as intended in the budget proposal. The requested FTEs were not transferred during the budget process in FY19-20. The Attorney General's Office is requesting to make the FTE transfer permanent for FY19-20. A list of current FTEs for transfer will be provided to Executive Budget Office.

*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.*

# **FORM D – PROVISO REVISION REQUEST**

**NUMBER**

59.18

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

**TITLE**

Other Funds Disbursement Authorization

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

**BUDGET PROGRAM**

State Litigation

*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 2021-2022? If so, cite it here.*

**REQUESTED ACTION**

Add

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

**OTHER AGENCIES AFFECTED**

Law Enforcement Agencies

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

**SUMMARY & EXPLANATION**

The Attorney General's Office is requesting authorization to use civil litigation funding to support combating public corruption through prosecution and investigation. The office is requesting authority to use funding to renovate agency central facilities based on DOA survey to provide adequate working space for agency staff. The agency is requesting to use funding to assist law enforcement with alleviate backlog of cases across the state by providing forensic kits, testing and other logistical needs.

Without the authorization requested, the needs stated above may never be fully met which in turn could continue to delay closing of criminal cases, continue decline of state buildings, inadequate working space for staff and high annual rental costs, and continued inadequate investigation into public corruption.

*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**

The funding would be utilized from the OAG civil litigation (other) funds.

*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**

59.18 (Other Funds Disbursement Authorization)-The Attorney General's Office is authorized to use civil litigation funds to support public corruption investigation and prosecution. The Attorney General's Office is authorized to expend civil litigation funds for renovation of the agency's central facilities. The Attorney General's Office is authorized to expend civil litigation funds to support law enforcement agencies' efforts to process forensic kits, testing, and other logistical needs.

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

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Agency Name:	Attorney General's Office		
Agency Code:	E200	Section:	59

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

<b>TITLE</b>	Agency Cost Savings and General Fund Reduction Contingency Plan
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<b>AMOUNT</b>	\$439,000
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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>	Reduction in temporary and contract personnel. No FTEs would be affected by the reduction.
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM / ACTIVITY IMPACT</b>	Non FTE, temporary, and contract positions.
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	A 3% reduction to the general fund appropriation would negatively impact current non-FTE, temporary, and contract positions. These positions include staff attorneys and support personnel. Reducing these positions could potentially impact time required for case review, trial preparation, and other administrative operations.
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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**

The Attorney General's Office continuously analyzes its personnel, process and procedures to ensure the most effective and economic methods are being utilized. The agency has thoroughly reviewed and prioritized operational expenditures in the area of personnel and information technology to generate cost savings. This continued analysis has reduced expenditures and created cost savings. The agency will continue to review agency needs, processes and procedures to ensure expenditures are controlled while providing the necessary deliverables to the citizens of South Carolina.

*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?*

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Agency Name:	Attorney General's Office		
Agency Code:	E200	Section:	59

## FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

<b>TITLE</b>	Reduction to the State Medicaid Fraud Control Regulations
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*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	Please see summary section
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*What is the expected savings to South Carolina's businesses and citizens that is generated by this proposal? The savings could be related to time or money.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px;"><input type="checkbox"/></td> <td>Repeal or revision of regulations.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Reduction of agency fees or fines to businesses or citizens.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Greater efficiency in agency services or reduction in compliance burden.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other</td> </tr> </table>	<input type="checkbox"/>	Repeal or revision of regulations.	<input type="checkbox"/>	Reduction of agency fees or fines to businesses or citizens.	<input type="checkbox"/>	Greater efficiency in agency services or reduction in compliance burden.	<input type="checkbox"/>	Other
<input type="checkbox"/>	Repeal or revision of regulations.								
<input type="checkbox"/>	Reduction of agency fees or fines to businesses or citizens.								
<input type="checkbox"/>	Greater efficiency in agency services or reduction in compliance burden.								
<input type="checkbox"/>	Other								

<b>METHOD OF CALCULATION</b>	Review and analysis of the current Medicaid Fraud statutes in the State of SC and other State Medicaid Fraud Units.
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*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*

<b>REDUCTION OF FEES OR FINES</b>	n/a
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*Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?*

<b>REDUCTION OF REGULATION</b>	SC Code § 43-7-90 , SC Code § 43-35-10 , SC Code § 43-7-60
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*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

<b>SUMMARY</b>	<p>Proposed amendments to §43-7-60 would include a clarification to the definition of a provider to include services provided through Managed Care Organizations and penalties to reflect the amounts of fraudulent claims, similar to property crime statutes.</p> <p>-There is great interest by our taxpayers in combating fraud in the Medicaid program, and this updated statute would allow us to more effectively combat fraud. The current statute requires us to charge one count for each false claim, which is not in the best interest of judicial economy. A statute where we can aggregate the false claims into one charge will be much more efficient. This update also reflects the current Medicaid environment, with services being provided through Managed Care Organizations and not just the South Carolina Department of Health and Human Services.</p> <p>Proposed amendments to §43-7-90 would allow us to use subpoenas in our investigations.</p> <p>-Much of the evidence uncovered during our investigations is stored in another state or in the cloud, so the ability to use a subpoena is paramount to our continued fight against fraud. Additionally, it is burdensome and an additional cost to taxpayers for our investigators to have to travel to the county where the fraud occurred in order to have a search warrant issued by a magistrate. This is a much more efficient use of time and resources.</p> <p>Proposed amendments to §43-35-10 would prohibit the unauthorized videotaping or recording of vulnerable adults.</p> <p>- It is in the best interest of the people of South Carolina to protect our vulnerable adult population from harassment and abuse, and this amendment would close a perceived loophole in the Omnibus Adult Protection Act allowing unauthorized recording of these individuals.</p>
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*Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?*