

Agency Name:  
Agency Code:

Department on Aging  
L060

Section:

40



**Fiscal Year FY 2021-2022  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

**OPERATING  
REQUESTS  
(FORM B1)**

|   |   |
|---|---|
| <b>For FY 2021-2022, my agency is (mark "X"):</b> |   |
| <input type="checkbox"/>                          | Requesting General Fund Appropriations. |
| <input type="checkbox"/>                          | Requesting Federal/Other Authorization. |
| <input checked="" type="checkbox"/>               | Not requesting any changes.             |

**NON-RECURRING  
REQUESTS  
(FORM B2)**

|   |   |
|---|---|
| <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.                           |

**CAPITAL  
REQUESTS  
(FORM C)**

|   |  |
|---|--|
| <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.              |

**PROVISOS  
(FORM D)**

|   |   |
|---|---|
| <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 checked="" 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.

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

I have reviewed and approved the enclosed FY 2021-2022 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

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

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

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

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

|               |      |
|---------------|------|
| <b>NUMBER</b> | 40.1 |
|---------------|------|

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

|              |                                    |
|--------------|------------------------------------|
| <b>TITLE</b> | State Matching Funds Carry Forward |
|--------------|------------------------------------|

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

|                       |                  |
|-----------------------|------------------|
| <b>BUDGET PROGRAM</b> | Aging Assistance |
|-----------------------|------------------|

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

|                               |  |
|-------------------------------|--|
| <b>RELATED BUDGET REQUEST</b> | Part 1A Sec. 40 Department on Aging II Program and Services Aging Assistance |
|-------------------------------|--|

*Is this request associated with a budget request you have submitted for FY 2021-2022? If so, cite it here.*

|                         |       |
|-------------------------|-------|
| <b>REQUESTED ACTION</b> | Amend |
|-------------------------|-------|

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

|                                |      |
|--------------------------------|------|
| <b>OTHER AGENCIES AFFECTED</b> | None |
|--------------------------------|------|

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

|                                  |   |
|----------------------------------|---|
| <b>SUMMARY &amp; EXPLANATION</b> | <p>Change "Distribution to Subdivisions" to "Aging Assistance". Recommendation was made in the June 2020 Legislative Audit Council report on pages 15-16.</p> |
|----------------------------------|---|

*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**

None

*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**

**40.1. (AGING: State Matching Funds Carry Forward)** Any unexpended balance on June thirtieth of the prior fiscal year of the required state matching funds appropriated in Part IA, Section 40, ~~Distribution to Subdivisions~~ **Agging Assistance**, shall be carried forward into the current fiscal year to be used as required state match for federal funds awarded to subdivisions on or before September thirtieth of the current fiscal year.

*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**

40.2

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

**TITLE**

State Matching Funding Formula

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

**BUDGET PROGRAM**

Part 1A Sec. 40 Department on Aging II Program and Services Aging Assistance

*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**

Amend

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

**OTHER AGENCIES AFFECTED**

None

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

**SUMMARY & EXPLANATION**

Change "Distribution to Subdivisions" to "Aging Assistance". Recommendation was made in the June 2020 Legislative Audit Council report on pages 15-16.

*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**

None

*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**

**40.2.** (AGING: State Match Funding Formula) Of the state funds appropriated under ~~"Distribution to Subdivisions~~ **Aging Assistance**," the first allocation by the Department on Aging shall be for the provision of required State matching funds according to the Department on Aging formula for distributing Older Americans Act funds. The balance of this item shall be distributed to the planning and service areas of the State. In the event state appropriations are reduced, reductions to the planning and service areas shall be based on amounts distributed in accordance with the previous requirements.

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

|              |                     |          |    |
|--------------|---------------------|----------|----|
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## **FORM D – PROVISIO 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**

Part 1A Sec. 40 Department on Aging II Program and Services Aging Assistance

*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**

Amend

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

**OTHER AGENCIES AFFECTED**

None

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

**SUMMARY & EXPLANATION**

Remove (formerly Home Care Level I) and (formerly Home Care Level II) and change Interstate to Intrastate. Recommendation was made in the June 2020 Legislative Audit Council report on pages 15-16.

*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**

None

*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: group dining, home delivered meals, transportation to group dining sites, transportation for essential trips, personal care (~~formerly Home Care Level I~~), homemaker (~~formerly Home Care Level II~~), 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 ~~Interstate~~ **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.*

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

|              |                   |
|--------------|-------------------|
| <b>TITLE</b> | 3% Cost Reduction |
|--------------|-------------------|

|               |           |
|---------------|-----------|
| <b>AMOUNT</b> | \$565,388 |
|---------------|-----------|

*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 |
|----------------------------------|------|

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

|                                  |   |
|----------------------------------|---|
| <b>PROGRAM / ACTIVITY IMPACT</b> | <p>The majority of the agency funding is distributed directly to the ten regional Area Agencies on Aging (AAA's) to ensure that services for the most vulnerable, older and disabled populations in our state are provided. The majority of the funding reduction would create a direct decrease in services to those citizens who are frail, disabled and in most situations are home bound and rely on the services provided to continue living independently at home and within their communities.</p> |
|----------------------------------|---|

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

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>The agency is mandated by state statute and by the Older Americans Act, which must be adhered to when federal funds are accepted to administer and provide specific programs to the most vulnerable, older, and disabled citizens of the state. While SCDOA is constantly looking for funding alternatives to increase services to senior citizens, a 3% reduction in state funding would have a substantial impact on services provided to the vulnerable, older and disabled citizens of our state.</p> |
|----------------|--|



*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**

Due to decreased in-state travel and the increase in use of technology to work with other stakeholders sub-grantees as well as a reduction in out of state travel for training and conferences, the agency could decrease administrative costs by \$25,388. The balance of reductions would be to services provided to seniors to include a reduction of Home and Community Based service funds for meals, home care services in the amount of \$300,000 and a decrease in Family Caregiver Services which allows for caregivers to receive respite from caring for their loved ones, in in the amount of \$240,000.

*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?*