

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94



Fiscal Year 2014-15 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	My agency is submitting the following recurring decision packages (Form B): 1130,1146,1149,1162,1165	
	For FY 2014-15, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
	<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)	My agency is submitting the following one-time decision packages (Form C):	
	For FY 2014-15, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.
	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.

PROVISOS	For FY 2014-15, my agency is (mark "X"):	
	<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>
PRIMARY CONTACT:	Tony Kester	734-9910	kester@aging.sc.gov
SECONDARY CONTACT:	Ruchelle Ellison	734-9883	rellison@aging.sc.gov

I have reviewed and approved the enclosed FY 2014-15 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN/DATE):	<i>Glenn F. McConnell</i> <i>Sept. 30, 2013</i>
AGENCY DIRECTOR (TYPE/PRINT NAME):	Glenn F. McConnell

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

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	1130
-------------------------	-------------

Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Veteran's Directed Home and Community Based Services
--------------	---

Provide a brief, descriptive title for this request.

AMOUNT	\$1,000,000
---------------	--------------------

What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	<p>SECTION 43-21-50. Receipt of grants-in-aid, gifts or the like; title to property received.</p> <p>The division may receive on behalf of the State any grant or grant-in-aid from government sources, or any grant, gift, bequest, or devise from any other source. Title to all funds and other property received pursuant to this section shall vest in the State unless otherwise specified by the grantor.</p>
---------------------------	---

What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input checked="" type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input checked="" type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<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"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	The Veteran's Administration Medical Centers in Columbia and Charleston refer veterans to the program. The Veteran's Administration determines the level of funding for each veteran.
----------------------------	---

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?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

RELATED REQUEST(S)	This decision package is not associated with any other decision package.
---------------------------	--

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	These funds will not be matched with any other program.
-----------------------	---

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	This is not a request for funds, only Other Funds authorization to expend funds provided by the Veteran's Administration.
-----------------------------	---

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	The Veteran's Administration Medical Centers in Columbia and Charleston have contracted with the agency to provide a veterans self-directed care program. Funding is provided on a per veteran per month basis. The program allows the veteran to remain at home and potentially avoid more expensive and less desirable institutional placement. Funding provided by the Veteran's Administration allows the veteran to be served at a cost to the VA and not the state.
----------------	---

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

METHOD OF CALCULATION	<p>The amount is calculated based on a best estimate of the level of funding to be provided by the Veteran's Administration. Deviations between the amount requested and actually needed could be created by more or fewer veterans referred by the VA.</p>
------------------------------	---

How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>The contracts are reviewed and renewed annually. Upon termination of the program, there is no additional cost to the agency.</p>
----------------------	---

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>This request is not for additional funds, only additional Other Funds authority based on anticipated funding by the VA's.</p>
-----------------------	--

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

INTENDED IMPACT	<p>The impact of this decision package allows veterans to be served through this program for a period of one year. Additional authority will be requested in subsequent years as the program continues.</p>
------------------------	---

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>The program is evaluated by the Veteran's Administration to determine effectiveness. The success of the program is validated when, at end-of-life, the veteran is at home with family and not in a hospital or institution.</p>
---------------------------	--

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	1146
-------------------------	-------------

Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Home and Community Based Services
--------------	--

Provide a brief, descriptive title for this request.

AMOUNT	\$4,700,000
---------------	--------------------

What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	43-21-10(i) award grants and contracts to public and private organizations for the purpose of planning, coordinating, administering, developing, and delivering aging programs and services;
---------------------------	--

What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input checked="" type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<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"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Funds would be allocated to ten Area Agencies on Aging, who would then contract at the county level, to serve seniors based on need to allow them to remain at home and out of more expensive institutional placement. The senior population in South Carolina will increase from approximately 950,000 to 1.8 million by 2030.
----------------------------	---

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?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

RELATED REQUEST(S) This decision package is not associated with other decision packages.

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS These funds would not be matched.

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES The agency is not aware of other funding sources for this request.

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY Home and Community funds allow seniors to remain at home and out of more expensive institutional care. The senior population is growing at a rate that will strain existing services and programs. Many of these programs are more costly to the state, which is why HCBS are cost effective. The average client is served at an average cost of fourteen hundred dollars(\$1,400). These funds would purchase-home delivered meals, group dining meals, transportation, and home care. Lack of nutrition, transportation, and home care assistance are the major reasons seniors cannot remain at home and must move to more expensive institutional care. Once this occurs, the senior spends down personal resources quickly and becomes Medicaid eligible at a much higher cost to the state.

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

METHOD OF CALCULATION	<p>This calculation was based on numbers of seniors on waiting lists plus expansion of the senior population. Two million dollars are requested to replace funds lost in Conference Committee last year, one million dollars are requested to senior population expansion, and One Million, Seven Hundred Thousand are requested to replace Sequestration losses.</p>
------------------------------	---

How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>There will be no maintenance-of-effort for this request. Capital or operating budgets will not be impacted in the future. This request is for General Appropriation funds.</p>
----------------------	---

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>If new funds are not available, seniors will not be served, waiting lists will increase, and more expensive services will be required, such as enrollment in Medicaid or nursing home placement.</p>
-----------------------	---

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

INTENDED IMPACT	<p>The impact of this decision package will be to allow more seniors to remain at home and out of more expensive institutional care.</p>
------------------------	--

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>The agency is working with the University of South Carolina to determine the economic benefit to the state based on delivery of HCBS at an average cost of fourteen hundred dollars. We will have a cost/benefit analysis available in the Spring.</p>
---------------------------	---

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	1149
-------------------------	-------------

Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Respite Caregiver
--------------	--------------------------

Provide a brief, descriptive title for this request.

AMOUNT	\$3,000,000
---------------	--------------------

What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	43-21-40(i) award grants and contracts to public and private organizations for the purpose of planning, coordinating, administering, developing, and delivering aging programs and services
---------------------------	---

What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input checked="" type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<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"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Funds would be allocated to ten Area Agencies on Aging, who would then contract at the county level, to serve seniors based on need to allow them to remain at home and out of more expensive institutional placement. The senior population in South Carolina will increase from approximately 950,000 to 1.8 million in 2030.
----------------------------	---

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?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

RELATED REQUEST(S)	This decision package is not associated with any other package.
---------------------------	---

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	These funds would not be matched.
-----------------------	-----------------------------------

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	The agency is not aware of any other funding sources for this request.
-----------------------------	--

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	Respite, or rest, for caregivers of seniors and adults with disabilities allows the caregiver to take a break from their caregiver duties. There are over 777,000 caregivers in South Carolina providing vital services. If the caregiver is no longer able to provide this service and the care receiver is moved into institutional care, the state will ultimately pay for this through Medicaid. This alternative benefits the caregiver as well as the state.
----------------	--

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

METHOD OF CALCULATION	<p>The amount was calculated based on the ability of the aging network to provide services. The need for respite funding far exceeds this request, but the request is limited to assure efficiency, cost savings, and transparency as the capacity of the network increases. The Area Agencies on Aging pay providers as well as reimburse the caregiver/receiver for approved services. The program provides respite vouchers in \$500 increments, but requires the Area Agency on Aging to write as many checks as are submitted for each voucher.</p>
------------------------------	--

How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>There will be no maintenance-of-effort associated with this request. There are no future obligations on this decision package for capital and/or operating budgets. The agency does not retain any of the funds. One hundred percent of funding provides respite vouchers.</p>
----------------------	---

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>If the package is not funded, caregivers will not receive needed breaks from providing care. The anticipated result is that caregivers will no longer be able to perform this activity and will place the care receiver in an institutional setting at a much higher cost to the state.</p>
-----------------------	--

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

INTENDED IMPACT	<p>The impact on this decision package will be to allow caregivers to receive breaks in their caregiving and in turn will allow them to continue this service for a longer period of time. Six thousand respite vouchers will be provided with this funding.</p>
------------------------	--

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>The agency will provide a satisfaction survey to caregivers receiving respite vouchers as a way of evaluating the success of the respite. Results of the survey will allow the agency to determine the effectiveness of the program.</p>
---------------------------	---

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	1162
-------------------------	-------------

Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Ombudsman Restoration
--------------	------------------------------

Provide a brief, descriptive title for this request.

AMOUNT	\$269,600
---------------	------------------

What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	43-35-15 (B) Except as otherwise provided in subsection (D), the Long Term Care Ombudsman Program shall investigate or cause to be investigated noncriminal reports of alleged abuse, neglect, and exploitation of vulnerable adults occurring in facilities.
---------------------------	---

What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input checked="" type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<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"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Four Area Agencies on Aging located in Regional Councils of Government would receive the funding. Funding would be provided equally between the four regions.
----------------------------	---

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?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

RELATED REQUEST(S)	This decision package is not related to any other package.
---------------------------	--

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	These funds will not be matched.
-----------------------	----------------------------------

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	The agency is not aware of any other funding sources.
-----------------------------	---

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	The funding is requested to replace funding lost by the Councils of Government. The four regions were providing funding for Ombudsman in their offices. This funding was terminated due to lack of resources. The agency is still required to respond to complaints in the regions and needs to replace the four lost positions.
----------------	--

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

METHOD OF CALCULATION	<p>The agency reviewed the cost of the four Ombudsman at the regional level to determine the replacement cost.</p>
------------------------------	--

How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>There will be a maintenance-of-effort associated with this request. There will be no future capital and/or operating cost associated with this request as all funding is allocated to the four regions. The agency does not retain any of the funding.</p>
----------------------	---

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>If the decision package is not funded, complaints received will be evaluated on severity and placed on a priority list and investigations will be scheduled based on severity. Some complaints may not be investigated due to lack of staff.</p>
-----------------------	---

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

INTENDED IMPACT	Response times will be adversely affected if the decision package is not funded.
------------------------	--

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	All Ombudsman are evaluated on the numbers of complaints investigated, as well as the number of cases closed, to determine the effectiveness of the Ombudsman.
---------------------------	--

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	1165
-------------------------	-------------

Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Alzheimer's Respite
--------------	----------------------------

Provide a brief, descriptive title for this request.

AMOUNT	\$800,000
---------------	------------------

What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	<p>SECTION 43-21-50. Receipt of grants-in-aid, gifts or the like; title to property received.</p> <p>The division may receive on behalf of the State any grant or grant-in-aid from government sources, or any grant, gift, bequest, or devise from any other source. Title to all funds and other property received pursuant to this section shall vest in the State unless otherwise specified by the grantor.</p>
---------------------------	---

What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark "X" for all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Change in cost of providing current services to existing program audience.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Non-mandated change in eligibility / enrollment for existing program.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Change in case load / enrollment under existing program guidelines.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Non-mandated program change in service levels or areas.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Loss of federal or other external financial support for existing program.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Exhaustion of fund balances previously used to support program.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Proposed establishment of a new program or initiative.</td> </tr> </table>	<input type="checkbox"/>	Change in cost of providing current services to existing program audience.	<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.	<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.	<input type="checkbox"/>	Non-mandated program change in service levels or areas.	<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"/>	Proposed establishment of a new program or initiative.
<input type="checkbox"/>	Change in cost of providing current services to existing program audience.														
<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.														
<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.														
<input type="checkbox"/>	Non-mandated program change in service levels or areas.														
<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"/>	Proposed establishment of a new program or initiative.														

RECIPIENTS OF FUNDS	<p>The funds would be distributed to the ten Area Agencies on Aging and further distributed as respite vouchers to caregivers. The criteria for eligibility is defined in Proviso35.6. (DMH: Alzheimer's Funding)</p>
----------------------------	--

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?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

RELATED REQUEST(S)	This decision package is not associated with any other decision package.
---------------------------	--

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	These funds are used as match for federal funds.
-----------------------	--

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	The only funding request is to create Other Funds authorization to expend funds passed through the Alzheimer's Association. The original source of funding is from The Department of Mental Health.
-----------------------------	---

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	By Proviso 35.6, the Alzheimer's Association receives funding for respite vouchers from the Department of Mental Health. By contract, the Alzheimer's Association passes through the funding to the Lieutenant Governor's Office. Spending authority is requested in Other Funds to allow the agency to expend the funds.
----------------	---

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

METHOD OF CALCULATION	<p>The proviso directs that \$778,706 be paid to the Alzheimer's Association. Mid-year budget reductions could cause a deviation between the authority requested and the actual amount of funds provided to the agency.</p>
------------------------------	---

How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>The Department of Mental Health has provided the agency a certification of match to document against federal funds received by the agency. The agency will now directly claim the funds as match. Because the match has been provided for many years, the state already has a maintenance-of-effort requirement.</p>
----------------------	---

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>This is not a request for new funds, only spending authorization.</p>
-----------------------	--

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E04	SECTION:	94

INTENDED IMPACT	<p>If the decision package is not approved, the agency would not be able to provide Alzheimer's specific respite vouchers.</p>
------------------------	--

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>The agency is required to provide client data back to the Alzheimer's Association which, in turn, is required to report back to the Department of Mental Health.</p>
---------------------------	---

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?