

<b>AGENCY NAME:</b>	Commission for the Blind		
<b>AGENCY CODE:</b>	L240	<b>SECTION:</b>	39



## Fiscal Year 2015-16 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	<b>My agency is submitting the following recurring decision packages (Form B):</b> 3960, 3975, 3987, 4212, 4643	
	<b>For FY 2015-16, my agency is (mark "X"):</b>	
	<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.

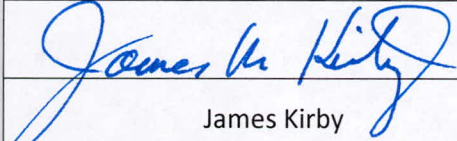
<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	<b>My agency is submitting the following one-time decision packages (Form C):</b>	
	<b>For FY 2015-16, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.
	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.

<b>PROVISOS</b>	<b>For FY 2015-16, 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>	Carrie Remley	898-8835	<a href="mailto:cremley@sccb.sc.gov">cremley@sccb.sc.gov</a>
<b>SECONDARY CONTACT:</b>	Juan Sims	898-7701	<a href="mailto:jsims@sccb.sc.gov">jsims@sccb.sc.gov</a>

I have reviewed and approved the enclosed FY 2015-16 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>	James Kirby	Peter Smith

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

AGENCY NAME:  
AGENCY CODE:

Commission for the Blind

L240

SECTION:

39



Fiscal Year 2015-16  
Agency Budget Plan

FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	My agency is submitting the following recurring decision packages (Form B): 3960, 3975, 3987, 4212, 4643
	For FY 2015-16, 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.
<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	My agency is submitting the following one-time decision packages (Form C):
	For FY 2015-16, 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.
<b>PROVISOS</b>	For FY 2015-16, 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.

	Name	Phone	Email
PRIMARY CONTACT:	Carrie Remley	898-8835	cremley@sccb.sc.gov
SECONDARY CONTACT:	Juan Sims	898-7701	jsims@sccb.sc.gov

I have reviewed and approved the enclosed FY 2015-16 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	Agency Director	Board or Commission Chair
SIGN/DATE:		Peter A. Smith 10-01-14
TYPE/PRINT NAME:	James Kirby	Peter Smith

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

<b>AGENCY NAME:</b>	<b>Commission for the Blind</b>		
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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>3960</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Pay Plan Allocation</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>50,600</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	FY 15 Appropriation Act
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*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?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	Employees
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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?*

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<b>RELATED REQUEST(S)</b>	None
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*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?*

<b>MATCHING FUNDS</b>	None
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	None
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*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.*

<b>SUMMARY</b>	Pay Plan Allocation
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

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<b>METHOD OF CALCULATION</b>	Appropriation Act
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*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?*

<b>FUTURE IMPACT</b>	None
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*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?*

<b>PRIORITIZATION</b>	n/a
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*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 2015-16?*

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<b>INTENDED IMPACT</b>	n/a
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	n/a
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*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?*

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### FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>3975</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Donated Funds Increase</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$10,000</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	
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*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?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input 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.	

<b>RECIPIENTS OF FUNDS</b>	Vendors, through the SRM process
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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?*

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<b>RELATED REQUEST(S)</b>	No
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*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?*

<b>MATCHING FUNDS</b>	No
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	This is a request to use fund balance.
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*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.*

<b>SUMMARY</b>	Based on our available cash and prior year revenues, the Commission for the Blind is requesting an increase in our authorization for spending donated funds.
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*



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<b>METHOD OF CALCULATION</b>	<p>This request is based on available cash and prior year revenues.</p>
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*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?*

<b>FUTURE IMPACT</b>	<p>The agency will not be able to spend the available cash if this request is not honored.</p>
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*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?*

<b>PRIORITIZATION</b>	<p>This is a request to use fund balance.</p>
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*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 2015-16?*

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<b>INTENDED IMPACT</b>	<p>This decision package will enable the agency to utilize available funds to better serve consumers.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>This will be evaluated through consumer ROI (return on investment) and the number of successful closures.</p>
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*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?*

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## FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>3987</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Operating Revenue Increase</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>100,000</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	
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*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?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input 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.	

<b>RECIPIENTS OF FUNDS</b>	Vendors, through the SRM process
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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?*

<b>AGENCY NAME:</b>	<b>Commission for the Blind</b>		
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<b>RELATED REQUEST(S)</b>	No
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*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?*

<b>MATCHING FUNDS</b>	No
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	This is a request to use fund balance.
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*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.*

<b>SUMMARY</b>	Based on our available cash and prior year revenues, the Commission for the Blind is requesting an increase in our authorization for spending Operating Revenue funds.
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

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<b>METHOD OF CALCULATION</b>	<p>This request is based on available cash and prior year revenues.</p>
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*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?*

<b>FUTURE IMPACT</b>	<p>The agency will not be able to spend the available cash if this request is not honored.</p>
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*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?*

<b>PRIORITIZATION</b>	<p>This is a request to use fund balance.</p>
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*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 2015-16?*

<b>AGENCY NAME:</b>	<b>Commission for the Blind</b>		
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<b>INTENDED IMPACT</b>	<p>This decision package will enable the agency to utilize available funds to better serve consumers.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>This will be evaluated through consumer ROI (return on investment) and the number of successful closures.</p>
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*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?*

<b>AGENCY NAME:</b>	<b>Commission for the Blind</b>		
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## FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>4212</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Restoration of the Prevention of Blindness Program</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>600,000</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<p><b>This is a stand-alone Program that was established in accordance with State Statute, SECTION 43-25-30. Powers and duties of Commission. [SC ST SEC 43-25-30]</b></p> <p><b><i>The Commission shall:</i></b></p> <p><b><i>(11) Establish, supervise and render totally operative and effective prevention of loss of sight programs using such facilities in the State as the Commission may deem necessary including a mobile ophthalmological laboratory and office.</i></b></p>
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*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?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<p><b>Mark "X" for all that apply:</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>(Base Adjustment) Allocation of statewide employee benefits.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>(Base Adjustment) Realignment within existing programs and lines.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i></td> </tr> <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>Change in case load / enrollment under existing program guidelines.</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>Non-mandated program change in service levels or areas.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Proposed establishment of a new program or initiative.</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> </table>	<input type="checkbox"/>	(Base Adjustment) Allocation of statewide employee benefits.	<input type="checkbox"/>	(Base Adjustment) Realignment within existing programs and lines.	<input type="checkbox"/>	(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>	<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.
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<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.																				

<b>RECIPIENTS OF FUNDS</b>	<p><b>81,000 of the funds are designated for personnel, who would have direct contact with the consumers to determine eligibility and coordination of services for the consumers. 519,000 the funds support the program and provide the needed services to prevent the loss of sight to consumers through various vendors.</b></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?*

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<b>RELATED REQUEST(S)</b>	No
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*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?*

<b>MATCHING FUNDS</b>	None
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	No other funding alternatives are available.
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*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.*

<b>SUMMARY</b>	<p>The South Carolina Commission for the Blind's Prevention of Blindness Program's goal is to assist with preventing the loss of sight, through early diagnosis and treatment, and by providing appropriate vision related medical services that aid in the restoration of sight.</p> <p>This Program serves residents of South Carolina who otherwise could not afford prescribed treatments. Financial eligibility is determined by the applicant's income and medical expenses applied to the Financial Needs Guideline. Priority is given to persons who have the most sight-threatening diseases or eye pathologies. Persons covered by Medicare, Medicaid, or other health insurance are not eligible for the Program. The average profile of our Prevention Program's consumer is an individual fifty (50) years of age, diagnosed with a potentially sight threatening eye condition, and uninsured.</p> <p>Among other surgical procedures necessary for sight restoration, there is an increasing need for cataract surgeries. In many cases, this particular type of surgery can restore an individual's sight, so that he/she is able to resume their routine activities prior to experiencing diminished vision. For example, some may return to driving and other similar tasks, and no longer have a need for adjustment to blindness skills training. Restoring one's vision in this way is much more cost effective than the funds necessary to provide rehabilitative services. Preventing blindness significantly impacts the lives of the individuals with the eye condition, as well as those of their caregivers.</p> <p>"An estimated 20.5 million (17.2%) Americans older than 40 years have a cataract in either eye, and 6.1 million (5.1%) have pseudophakia/aphakia (artificial lens implantation</p>
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after cataract surgery). Women have a significantly higher age-adjusted prevalence of cataracts than men in the United States. The total number of persons who have cataracts is estimated to rise to 30.1 million by 2020; and for those who are expected to have pseudophakia/aphakia, to 9.5 million.

According to the *World Health Organization*, “more than 161 million people were visually impaired, of whom 124 million people had low vision and 37 million were blind all over the world in 2001. It has been estimated that the number of blind people will rise to 76 million by 2020. Close to 75% of this blindness is avoidable. The treatment of cataracts, which accounts for nearly half of all blindness, is one of the most cost effective health interventions known.”

The number of Americans affected by cataracts and undergoing cataract surgery will dramatically increase over the next 20 years as the US population ages.”  
Archives of Ophthalmology 2004;122:487-494

“As of 2004, blindness or low vision affects more than 3.3 million Americans aged 40 years and older; this number is predicted to double by 2030 due to the increasing epidemics of diabetes and other chronic diseases and our rapidly aging U. S. population.” (Center for Disease Control).

Moreover, in 2012, for all ages, South Carolina reported a higher uninsured rate (16.8%) than the national average (14.8%). (S. C. Institute of Medicine and Public Health, April 2014)

Also, according to the 2010 U. S. Census, South Carolina's population has risen 15.3% in the past decade, which places us among the nation's ten fastest-growing states. The population growth just in Horry County alone has increased by 37% (The Greenville News, 03/24/2011).

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.*

**METHOD OF CALCULATION**

Data was used from prior years, when the program was operational at the Commission for the Blind. The Prevention of Blindness Program was ended in budget cuts. Amounts submitted have been adjusted according to cost of living increases.

*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*

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*perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>The state will not incur any MOE with this decision package. No other funding has been obtained for this program, and this program has historically been totally state funded. The consumer waiting list for this program continues to grow, and that will continue if the request is not honored.</p>
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*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?*

<b>PRIORITIZATION</b>	<p>Defer action</p>
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*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 2015-16?*

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<b>INTENDED IMPACT</b>	<p>This Program would serve residents of South Carolina who otherwise could not afford prescribed treatments. Financial eligibility is determined by the applicant's income and medical expenses applied to the Financial Needs Guideline. Priority is given to persons who have the most sight-threatening diseases or eye pathologies. Persons covered by Medicare, Medicaid, or other health insurance are not eligible for the Program.</p> <p>The average profile of our Prevention Program's consumer is an individual fifty (50) years of age, diagnosed with a potentially sight threatening eye condition, and uninsured.</p> <p>With the support of the requested funding, the intended impact is to increase awareness and eliminate avoidable blindness and visual impairment. Progress will be documented during the new fiscal year to determine the actual number of individuals who regained, or maintained, vision as a result of the Program's assistance</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>The Program Manager would review Program goals pertaining to referrals received, referrals processed, eligibility determinations, development of service plans, and total number of consumers served on a monthly, quarterly and annual basis. Performance measures, and compliance with state regulations and agency established policy, would also be reviewed by Quality Assurance and submitted to the Commissioner and the Management staff. The results outlined in the Quality Assurance Reports are used to assess the need for performance improvement and to evaluate the effectiveness of service delivery and the strategic planning process. The results of the performance review findings are used by the Manager to establish short and long term organizational direction and priorities, and improve performance.</p>
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*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?*

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>4643</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Information Security Liason</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>90,598</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Data Security Requirements
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*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?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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.	

<b>RECIPIENTS OF FUNDS</b>	New employee
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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?*

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<b>RELATED REQUEST(S)</b>	No
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*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?*

<b>MATCHING FUNDS</b>	No
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	No other funding alternatives are available.
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*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.*

<b>SUMMARY</b>	<p>This position would serve as a back-up Security Technician for the IT , assure successful implementation and functionality of information security policies and procedures across the agency, supervise the ongoing monitoring of information security policies and procedures to ensure adequacy, lead the development of strategies to promote security, establish accountability, inform the workforce of security news, and will work with the Division of Information Security t support the implementation of the State’s InfoSec Program.</p>
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.*

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<b>METHOD OF CALCULATION</b>	A review of state pay band data, OHR job listing, and research on the Budget and Control Board’s salary database.
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*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?*

<b>FUTURE IMPACT</b>	An additional IT position would ensure that the agency stays in compliance with the current IT security and data security mandates and that the agency would be able to meet future requirements in this area.
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*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?*

<b>PRIORITIZATION</b>	If the request is not honored, the agency will have difficulty maintaining compliance with the required data security policies.
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*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 2015-16?*

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<b>INTENDED IMPACT</b>	<p>This decision package will assist the agency with meeting the new data security guidelines issued to state agencies.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>The agency will maintain compliance with security mandates at the state level.</p>
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*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?*