

AGENCY NAME:	Workers' Compensation Commission		
AGENCY CODE:	R080	SECTION:	74



Fiscal Year 2017-18 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	<p>My agency is submitting the following recurring decision packages listed <u>in priority order</u> (Form B):</p> <p>11237 9702 9875 9872 9659 11732</p>				
	<p>For FY 2017-18, my agency is (mark "X"):</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.	<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.
<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.				
<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.				

CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)	<p>My agency is submitting the following one-time decision packages listed <u>in priority order</u> (Form C):</p> <p>9900 9891 9894</p>				
	<p>For FY 2017-18, my agency is (mark "X"):</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.
<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.				
<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.				

PROVISOS (FORM D)	<p>For FY 2017-18, my agency is (mark "X"):</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>	<input checked="" 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 type="checkbox"/>	Not requesting any proviso changes.
<input checked="" 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 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:	Gary M. Cannon	803-737-5726	gcannon@wcc.sc.gov
SECONDARY CONTACT:	Loretta Dykes	803-737-5676	ldykes@wcc.sc.gov

I have reviewed and approved the enclosed FY 2017-18 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

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	<i>Agency Director</i>	<i>Board or Commission Chair</i>
SIGN/DATE:	<i>Gary M Cannon 10/3/16</i>	
TYPE/PRINT NAME:	<i>GARY M. CANNON</i>	

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	11237
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Earmarked Fund Revenues Fund 3844 – Operating Revenue Award Review Fee, Hearing Fee, Filing Violation Fee, Sales of labels and photocopies, parking and other
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Provide a brief, descriptive title for this request.

AMOUNT	\$559,460
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Title 42-3-30 and Proviso 74.3 in the FY 2017 Appropriations Act
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" 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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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.	

RECIPIENTS OF FUNDS	SC Workers' Compensation Commission
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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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ACCOUNTABILITY OF FUNDS	Relates to Objectives 1, 2, 3 and 4 in the Accountability Report
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	None.
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	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.

FUNDING ALTERNATIVES	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.

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SUMMARY	<p>Revenues in Fund 3844 are generated by hearing and award review fees and violation fees.</p> <p>Proviso 74.3 (WCC: Retention of Filing Fees) in the Appropriations Act authorizes the Commission to retain and expend all revenues received as a result of a \$25.00 filing fee for each requested hearing, settlement, or motion.</p> <p>The revenue estimates for the subaccounts within account 3844 are as follows</p> <p>Workers Comp Awd Review Fee - \$36,575 – increase of \$4,324 Sale of Photocopies - \$67,500 – increase of \$10,301 WC Filing Violation Fee - \$1,750,000 – increase of \$514,524 Sale of List/Labels - \$16,500 – increase of \$10,813 WC Hearing Fee - \$565,000 – increase of \$19,338 Parking - \$6,060 – increase of \$160 Other - \$2,000 – no change</p> <p>The total amount of increase revenue for Fund 3844 is \$559,460. It is based upon on previous years’ actual revenues in the sales of lists, photo copies, hearing fees and filing violation fees. Ninety four percent (92%) of the increase will be generated by the Filing Violation Fee.</p>
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Using as much detail as necessary to make an informed decision regarding this request, 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	<p>Revenue estimates based on previous years actuals collections of sales labels, photocopies, hearing fees and violation fees.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

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FUTURE IMPACT	Revenues are general operation revenues.
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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?

PRIORITIZATION	If revenues for Fund 3844 are not received as estimated we anticipate using fund balance or supplemental funds from revenues generated by the Self Insurance Tax (Fund 3037).
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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 2017-18? Please be specific.

INTENDED IMPACT	Funds from 3844 are considered operating revenue used to fund expenditures to deliver the services and program outcomes of the agency for the fiscal year.
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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?

PROGRAM EVALUATION	Annual revenues are based on actual receipts from previous years. The award and hearing fees are determined by the actual number of hearings and reviews requested. Estimated revenue for the Filing Violation Fee is also based on actual receipts for previous years as associated with the number of violations by stakeholders. The programs are evaluated by the number of case files reviewed and filing deficiencies found and the number of employers found in violation of the coverage and compliance provisions of the statute.
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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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DECISION PACKAGE	9702
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Earmarked Fund Revenues Sale of Publication & Brochures, Training and Conference Registration Fees
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Provide a brief, descriptive title for this request.

AMOUNT	(\$1,557)
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	FY 2017 Appropriations Act Proviso 74.1 and 74.2
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" 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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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.	

RECIPIENTS OF FUNDS	SC Workers' Compensation Commission
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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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ACCOUNTABILITY OF FUNDS	Relates to Objectives 3 and 4 in the Accountability Report
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	None.
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	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.

FUNDING ALTERNATIVES	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.

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SUMMARY	<p>Revenues in Fund 3035 were generated by the sale of publications and brochures and registration fees received from participants in the annual training seminar the Commission sponsors for stakeholders.</p> <p>Proviso 74.1 in the Appropriations Act authorizes the Commission to retain the revenues received from this transaction. The Commission no longer publishes and sells the MSPM direct to providers. The MSPM is sold through a third party vendor, who retains the revenues for the sale of the documents. We are requesting the Proviso be deleted from the budget therefore no revenues are anticipated.</p> <p>Therefore a decrease of \$1,557 is requested in Fund 3035.</p>
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Using as much detail as necessary to make an informed decision regarding this request, 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	<p>The cost of the individual medical services provider manual is determined by the third party vendor.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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 Commission benefits from this arrangement because of</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?

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PRIORITIZATION	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 2017-18? Please be specific.

INTENDED IMPACT	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?

PROGRAM EVALUATION	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

DECISION PACKAGE	9659
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Other Funds Employee Compensation
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Provide a brief, descriptive title for this request.

AMOUNT	\$71,594
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	Title 42
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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.	

RECIPIENTS OF FUNDS	SC Workers’ Compensation Commission. Funds will be used to support the personnel and operating expenses of the Commission.
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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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ACCOUNTABILITY OF FUNDS	Relates to Objectives 1, 2, 3 and 4 in the Accountability Report
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	None.
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	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.

FUNDING ALTERNATIVES	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.

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SUMMARY	<p>Per Proviso 117.118 in the FY16-17 Appropriations Act, the amount contained in this decision package is the cost to provide a 3.25% increase in pay for full time employees.</p>
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Using as much detail as necessary to make an informed decision regarding this request, 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	<p>Total salary amount calculated by multiplying the existing annual salary by 1.0325%</p> <p>Total Employer Contribution is a percentage of annual salary.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>Increase in employees' salaries will require budgeting for recurring funds in the future.</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?

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PRIORITIZATION	<p>If funds are not available the agency would prefer to proceed by using existing source of revenues or 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 2017-18? Please be specific.

INTENDED IMPACT	<p>The COLA increase will assist with maintaining employee morale.</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?

PROGRAM EVALUATION	<p>Annual evaluation of employees' performances and survey of employee satisfaction.</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

DECISION PACKAGE	9875
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Infrastructure Hosting, Shared Services and Licensing – Information Technology
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Provide a brief, descriptive title for this request.

AMOUNT	\$188,750
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Title 42
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<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"/> IT Technology/Security related
	<input checked="" type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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.	

RECIPIENTS OF FUNDS	SC Workers' Compensation Commission.
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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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ACCOUNTABILITY OF FUNDS	Relates to Objectives 1, 2, 3 and 4 in the Accountability Report
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	None.
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	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.

FUNDING ALTERNATIVES	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.

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SUMMARY	<p>Per the Governor’s Executive Order, the Workers’ Compensation Commission transferred all technology infrastructure, security monitoring, document storage and shared services to the State’s Department of Administration. The on-going maintenance and support costs of these systems includes expenses for DTO hosting, data storage, disaster recovery and business continuity services, software licensing, and application maintenance. The increase for contracted services with DTO for infrastructure hosting and storage is \$147,120 and the increase for application maintenance and support is \$ 41,450.</p>
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Using as much detail as necessary to make an informed decision regarding this request, 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	<p>This cost was calculated based on the average of 6 monthly bills from DTO. Our agency was one of the first agencies to migrate all services to DTO and one of the first to migrate from a physical to virtual environment with a legacy application. The actual costs have substantially exceeded those estimated by DTO.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>NA</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?

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PRIORITIZATION	<p>This is a critical priority. Funds used will be a combination of revenues received from the Self Insurance Tax and General Operating Revenues.</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 2017-18? Please be specific.

INTENDED IMPACT	<p>This request is critical as it will fund the storage of all agency data as well as the delivery of all applications and technology services.</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?

PROGRAM EVALUATION	<p>The funds are mandatory to the agency operating.</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

DECISION PACKAGE	9872
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Data Administrator Position – Recurring Funds
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Provide a brief, descriptive title for this request.

AMOUNT	\$87,850
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Title 42
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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.	

RECIPIENTS OF FUNDS	SC Workers' Compensation Commission.
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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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ACCOUNTABILITY OF FUNDS	Relates to Objectives 1, 2, 3 and 4 in the Accountability Report
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	None.
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	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.

FUNDING ALTERNATIVES	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.

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

SUMMARY	<p>The SC Worker’s Compensation Commission is requesting the creation of an additional FTE and the authorization to spend \$87,750 (\$65,000 salary and \$22,750 benefits) of recurring funds for a new Application Developer/Database Administrator position in the Information Technology Department. The position will be responsible for developing new code to enhance the existing applications and building new workflows to automate existing manual processes. The new position will focus on improving the agency’s effectiveness and efficiency of business operations as we strive to provide an equitable and timely system of benefits to injured workers and employers in the most responsive, accurate, and reliable manner possible. The need for this position is being driven by several factors: 1) the inefficiencies of the manual, paper-driven processes within the agency are no longer acceptable, 2) the number of staff in these labor-intensive areas who are eligible for retirement, and 3) the technological advances in the legal, medical and insurance industries which are driving and mandating changes in business practices and workflows at the Workers’ Compensation Commission. This position will play a vital role in our ability to successfully complete our mandated, mission-critical projects related to security and will be equally important in accomplishing the Commission’s strategic goals.</p> <p>The timeliness of the new database administrator is critical to the legacy modernization as the administrator will need time to gain a vast amount of experience and strong knowledgebase of the existing system and business operations to provide the needed input into the functional requirements of a new system. A thorough and proficient knowledge of our current environment is a prerequisite for an effective design of our future system.</p>
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Using as much detail as necessary to make an informed decision regarding this request, 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	<p>One FTE with an annual salary of \$65,000 and related benefits of \$22,750.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

FUTURE IMPACT	If this request is not honored and the agency is forced to rely on consultants then the costs for experienced database developers would be extravagant and could cost up to 4 to 6 times the requested amount.
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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?

PRIORITIZATION	This position is a high priority. Funds used will be a combination of revenues received from the Self Insurance Tax and General Operating Revenues.
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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 2017-18? Please be specific.

INTENDED IMPACT	This decision package will impact the service delivery and program outcomes for multiple years in the future. As the Commission continues to rely on existing and new information technology systems to deliver services to the stakeholders, the position is critical to improvement converting manual business workflows to those based on information data exchange. Further the position will allow the Commission to develop a succession plan for staffing the information technology division.
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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?

PROGRAM EVALUATION	Evaluation will be determined by the number of changes in the workflow processes to allow stakeholders to provide information electronically, the number of documents accessed by stakeholders before and after the change, the amount of revenue generated by stakeholders request for information, and the amount of time required to respond to a request before and after the change.
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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?

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	11732
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	General Appropriations Employee Compensation
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Provide a brief, descriptive title for this request.

AMOUNT	\$71,358
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	Title 42
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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.	

RECIPIENTS OF FUNDS	SC Workers’ Compensation Commission. Funds will be used to support the personnel and operating expenses of the Commission.
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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?

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

ACCOUNTABILITY OF FUNDS	<p>Relates to Objectives 1, 2, 3 and 4 in the Accountability Report</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	<p>None.</p>
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	<p>No</p>
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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.

FUNDING ALTERNATIVES	<p>None</p>
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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.

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

SUMMARY	<p>Per Proviso 117.118 in the FY16-17 Appropriations Act, the amount contained in this decision package is the cost to provide a 3.25% increase in pay for full time employees.</p>
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Using as much detail as necessary to make an informed decision regarding this request, 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	<p>Total salary amount calculated by multiplying the existing annual salary by 1.0325%</p> <p>Total Employer Contribution is a percentage of annual salary.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>Increase in employees' salaries will require budgeting for recurring funds in the future.</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?

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

PRIORITIZATION	<p>If funds are not available the agency would prefer to proceed by using existing source of revenues or 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 2017-18? Please be specific.

INTENDED IMPACT	<p>The COLA increase will assist with maintaining employee morale.</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?

PROGRAM EVALUATION	<p>Annual evaluation of employees' performances and survey of employee satisfaction.</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?

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	9894
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Training – Information Technology
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Provide a brief, descriptive title for this request.

AMOUNT	\$16,000 – Non-recurring
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	3844
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Identify the associated budget program(s) by name and budget section.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input checked="" type="checkbox"/> IT Technology/Security related
	<input checked="" type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Capital Request
	<input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____
	<input checked="" type="checkbox"/> Non-recurring request for funding
<input checked="" type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>Authorization to spend funds for training in information technology coding, workflow processes, desktop support is critical to keep existing IT staff up to date and knowledgeable of new privacy, security and application development skills.</p>
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Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

CLASSIFICATION OF FUNDS	The priority is lower than the laptop/desktop replacement.
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Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

MATCHING FUNDS	No
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	No
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	Yes, the use of general operating revenues and self insurance tax special revenues
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What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

OTHER APPROVALS	NA
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What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	9891
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Laptop/Desktop Computer Replacement
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Provide a brief, descriptive title for this request.

AMOUNT	\$44,944 – Non recurring
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	3844
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Identify the associated budget program(s) by name and budget section.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input checked="" type="checkbox"/>	IT Technology/Security related
	<input checked="" type="checkbox"/>	Consulted DTO during development
	<input type="checkbox"/>	Related to a Recurring request – If so, Decision Package # _____
	<input type="checkbox"/>	Capital Request
	<input type="checkbox"/>	Included in CPIP – If so, CPIP Priority # _____
	<input checked="" type="checkbox"/>	Non-recurring request for funding
<input type="checkbox"/>	Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>The agency has 24 computers which have reached the end of their useful life because they have old and therefore slow processors as well as insufficient memory; these deficiencies negatively impact the end user's productivity because they are slow. Older equipment also presents security vulnerabilities and is incapable of supporting the transmission of large documents. Because information security, staff productivity, total cost of ownership and equipment performance are very relative factors, these computers need to be replaced.</p>
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Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

CLASSIFICATION OF FUNDS	Other non-recurring expenditures
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Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

MATCHING FUNDS	None
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	No
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	A certain number of the agency's laptop/desktop computer replacement will be necessary on a 3 year cycle. General operating revenue and self-insurance tax revenues will be used for the cyclical basis.
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What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

OTHER APPROVALS	
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What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	9900
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	IT Legacy System Modernization
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Provide a brief, descriptive title for this request.

AMOUNT	\$189,488 – Non-recurring
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	3844
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Identify the associated budget program(s) by name and budget section.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input checked="" type="checkbox"/> IT Technology/Security related
	<input checked="" type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Capital Request
	<input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____
	<input checked="" type="checkbox"/> Non-recurring request for funding
<input checked="" type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>All claim related electronic information for the Commission is maintained in a case/claim management system named Progress. The Progress system currently in use was originally designed and developed in the early 1990's based on the existing Workers' Comp laws, regulations and business processes of that time. While the system has undergone several modifications since its inception, none of these included a major redesign with business process adjustments and changes based on new regulations or industry standards. As a result, our present system doesn't have all components and inherent security features required to conduct business electronically. Because of its age, the system lacks the ability to easily adapt to new business practices and can't meet the electronic standards of a technological-savvy industry. This project will produce a set of functional requirements from which the new system can be developed. The WCC will contract with a consulting firm specializing in legacy modernization to develop the most efficient process for enhancing, renovating and replacing our legacy application.</p>
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Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

CLASSIFICATION OF FUNDS	High Priority. If not approved service delivery will continue however delaying the implementation of the upgrade, will inefficiencies in system processing and potential system failure.
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Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

MATCHING FUNDS	No
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	No
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	Yes, the use of general operating revenues and self insurance tax special revenues
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What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

OTHER APPROVALS	NA
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What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

FORM D – PROVISO REVISION REQUEST

NUMBER	74.1
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	Medical Services Provider Manual
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Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	Insurance and Medical Services
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	
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Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.

REQUESTED ACTION	Delete
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<p>Proviso 74.1 authorizes the Commission to retain revenues generated by the sale of the Medical Services Provider Manual. The Commission no longer sells the manual to stakeholders therefore no funds are generated.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

EXPLANATION	<p>The Commission no longer sells the Medical Services Provider Manual to users. Users now purchase the manual from a third party. The Commission receives no revenues from the sale.</p>
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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	<p>There will be no fiscal impacts on the Commission with the deletion of this Proviso.</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

~~74.1. (WCC: Medical Services Provider Manual Revenue) All revenue earned from the sale of the commission's publication Medical Services Provider Manual shall be retained by the agency to be used for the printing and distribution of subsequent revised editions of the schedule.~~

**PROPOSED
PROVISO TEXT**

Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

FORM E – 3% GENERAL FUND REDUCTION

DECISION PACKAGE	9676
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Agency General Fund Reduction Analysis
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Provide a brief, descriptive title for this request.

AMOUNT	\$69,464
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What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package's total in PBF.

METHOD OF CALCULATION	The total amount is calculated by combining the annual salary, \$55,915 and Employer Contributions, \$13,549 for one FTE.
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Describe the method of calculation for determining the reduction in General Funds.

ASSOCIATED FTE REDUCTIONS	One FTE will be reduced in the General Fund
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM/ACTIVITY IMPACT	One FTE, Business Analyst III is assigned to the Administration Program in the General Fund. The position supports the Information Technology function of the agency. To reduce the financial impact on the General Fund and have no impact on the services provided to the stakeholders, the position and related expenditures will be transferred from the General Fund to the Earmarked Fund. The expenditures in the Earmarked Fund are supported by revenues generated from the fines and assessments, filing violation penalties, hearing fees, award review fees, photocopy fees and sales of lists and labels.
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What programs or activities are supported by the General Funds identified?

AGENCY NAME:	Workers Compensation Commission		
AGENCY CODE:	R080	SECTION:	74

SUMMARY

There will be no impact on the delivery of the program or services with the reduction in appropriation in the General Fund as a result of the transferring the position to the Earmarked Fund. The position will continue to be funded from the Earmarked Fund and provide the necessary information technology support functions to internal and external stakeholders for the Administration program of the Commission. The expenditures will be funded by Earmarked Fund revenues generated by fines and assessments, filing violation penalties, hearing fees, award review fees, photocopy fees and sales of lists and labels.

Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.