

<b>AGENCY NAME:</b>	South Carolina Area Health Education Consortium (South Carolina AHEC)		
<b>AGENCY CODE:</b>	H53	<b>SECTION:</b>	24



## Fiscal Year 2018-19 Agency Budget Plan

### FORM A - BUDGET PLAN SUMMARY

<b>OPERATING REQUESTS</b> <i>(FORM B1)</i>	<p><b>For FY 2018-19, my agency is (mark "X"):</b></p> <p><input checked="" type="checkbox"/> Requesting General Fund Appropriations.</p> <p><input type="checkbox"/> Requesting Federal/Other Authorization.</p> <p><input type="checkbox"/> Not requesting any changes.</p>
<b>NON-RECURRING REQUESTS</b> <i>(FORM B2)</i>	<p><b>For FY 2018-19, my agency is (mark "X"):</b></p> <p><input type="checkbox"/> Requesting Non-Recurring Appropriations.</p> <p><input type="checkbox"/> Requesting Non-Recurring Federal/Other Authorization.</p> <p><input checked="" type="checkbox"/> Not requesting any changes.</p>
<b>CAPITAL REQUESTS</b> <i>(FORM C)</i>	<p><b>For FY 2018-19, my agency is (mark "X"):</b></p> <p><input type="checkbox"/> Requesting funding for Capital Projects.</p> <p><input checked="" type="checkbox"/> Not requesting any changes.</p>
<b>PROVISOS</b> <i>(FORM D)</i>	<p><b>For FY 2018-19, my agency is (mark "X"):</b></p> <p><input type="checkbox"/> Requesting a new proviso and/or substantive changes to existing provisos.</p> <p><input type="checkbox"/> Only requesting technical proviso changes (such as date references).</p> <p><input checked="" type="checkbox"/> Not requesting any proviso changes.</p>

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>	Donald N. Tyner	843-792-4427	<a href="mailto:tynerd@musc.edu">tynerd@musc.edu</a>
<b>SECONDARY CONTACT:</b>	David R. Garr, MD	843-792-4431	<a href="mailto:garrdr@musc.edu">garrdr@musc.edu</a>

I have reviewed and approved the enclosed FY 2018-19 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>	9/7/17	
<b>TYPE/PRINT NAME:</b>	David R. Garr, MD	

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

Fiscal Year 2018-19 Budget Request Executive Summary

Agency Code: H53  
 Agency Name: South Carolina Area Health Education Consortium  
 Section:

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Increased Lease Payments	165,342				165,342					0.00
3							0					0.00
4							0					0.00
5							0					0.00
6							0					0.00
7							0					0.00
8							0					0.00
9							0					0.00
10							0					0.00
11							0					0.00
12							0					0.00
13							0					0.00
14							0					0.00
15							0					0.00
16							0					0.00
17							0					0.00
18							0					0.00
19							0					0.00
20							0					0.00
21							0					0.00
22							0					0.00
23							0					0.00
24							0					0.00
25							0					0.00
26							0					0.00
27							0					0.00
28							0					0.00
29							0					0.00
30							0					0.00
TOTAL BUDGET REQUESTS			165,342	0	0	0	165,342	0.00	0.00	0.00	0.00	0.00

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**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>1 – Form #13208</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Increased Lease Payments</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$165,342</b> <b>Federal:</b> <b>Other:</b> <b>Total: \$165,342</b>
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*What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	N/A
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

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<b>ACCOUNTABILITY OF FUNDS</b>	<p><b>Healthy and Safe Families</b></p> <p><b>The request would provide funding for an unavoidable increase in the South Carolina AHEC lease payment.</b></p> <p><b>If the increase is not offset by a funding increase, it will be absorbed using existing funds which would decrease funding for Family Medicine Residency Training Programs and training programs for other healthcare professionals.</b></p> <p><b>There are no outcomes associated with this increase that can be evaluated.</b></p>
	<p><i>What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?</i></p>

<b>RECIPIENTS OF FUNDS</b>	<p><b>The lease payments will be made to MUSC.</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?*

<b>JUSTIFICATION OF REQUEST</b>	<p><b>The South Carolina AHEC currently leases 6,744 sf on the MUSC campus in the Harborview Tower (HOT). The current lease payment is \$6.38/sf for an annual cost of \$43,048. The rate South Carolina AHEC currently pays is below market because there is no debt service on the HOT. MUSC sold the HOT and the current occupants must vacate the building in FY18, however the timeline is not yet defined. MUSC is in the process of identifying new space for those who occupy space in HOT. We have been told to use the university rate of \$30.90/sf for the new space we will occupy. This equates to an annual lease of \$208,390 which is an increase of \$165,342. South Carolina AHEC requests recurring funds to offset this increase in fixed costs.</b></p> <p><b>If the requested funds are not approved, funding from existing programs must be used to absorb this increase.</b></p>
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*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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<b>AGENCY NAME:</b>	South Carolina Area Health Education Consortium (South Carolina AHEC)		
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<b>SUMMARY</b>	<p>If a 3% reduction were implemented, the SC AHEC would reduce each program and service by 3% across the board. It is difficult to project which services would be affected in the four regional AHEC Centers or the eight family medicine residency training programs. The Office for Healthcare Workforce would be forced to reduce certain workforce studies for specific groups of providers and the Rural Physician Program would be forced to reduce incentive grants to providers who practice in rural and underserved areas.</p>
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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.*

<b>AGENCY COST SAVINGS PLANS</b>	N/A
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*What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?*