

AGENCY NAME:	Medical University of South Carolina		
AGENCY CODE:	H51	SECTION:	23



Fiscal Year 2017-18 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B): FY2017-18 Other Fund Changes (DP # <u>11402</u>), Allocation of Fy12016-17 Statewide Employee Benefits –recurring (DP# <u>11405</u>), FY2017-18 Additional Positions (DP# <u>11408</u>) MUSC Statewide Innovation - recurring - <u>DP # 11411</u>	
	For FY 2017-18, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
	<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

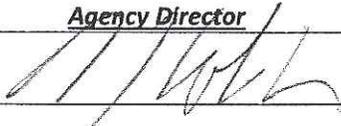
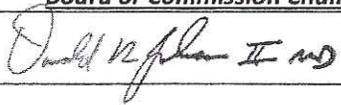
CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)	My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C): Capital Renewal 2017-2018 (DP# <u>11414</u>), Interprofessional Health, Innovation & College of Pharmacy Building (DP# <u>11417</u>), Renovation Projects (DP# <u>11420</u>)	
	For FY 2017-18, my agency is (mark "X"):	
	<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)	For FY 2017-18, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Christine S. Brown	843-792-2864	smallsch@musc.edu
SECONDARY CONTACT:	Patrick J. Wamsley	843-792-8908	wamsleyjp@musc.edu

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

SIGN/DATE:	<u>Agency Director</u>	<u>Board or Commission Chair</u>
		
TYPE/PRINT NAME:	David J. Cole, MD, FACS	Donald R. Johnson, II, MD

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	11402
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	FY2017-18 Other Fund Changes
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Provide a brief, descriptive title for this request.

AMOUNT	\$12,991,024
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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	This program was administratively established at the Medical University of South Carolina primarily through funding from sales & services, tuition, private grants & contracts, and auxiliary funds. Authorized by Title 59 Chapter 101 of the South Carolina Code of Laws. This decision package is not prompted by the establishment of or a revision to that authority.
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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 checked="" 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	Beneficiaries are the University’s Colleges, programs, departments and administrative support areas.
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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

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formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	<p>This request supports the mission of MUSC – to preserve and optimize human life in South Carolina and beyond. This request focuses on Goal 2 of MUSC’s Accountability Report: Advance the knowledge of health sciences for the citizens of South Carolina and the nation, in addition to keeping our instructional focus contemporary.</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>This decision package is the result of program growth and no offset is anticipated.</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 matching funds.</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>N/A</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.

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SUMMARY	<p>This request to increase 'Other Funds' spending authority by \$12,991,024 is due to projected increases in clinical operations, auxiliary operations and tuition. The majority of the request is due to the increased growth of the healthcare operations of the MUSC Enterprise and is funded by clinical contacts from the Hospital and Practice Plan. Auxiliary Operations is projecting modest revenue increases mostly due to the expansion of Parking Operations. There is also a small tuition component of the request due to increased class sizes and minimal rate increases.</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>Comparison of average actual revenues and expenditures, budget forecast and year-end financial statements, along with input from colleges and departments were used to determine the projected amounts.</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 state will not incur any maintenance-of-effort or other obligations by adopting this decision package. The approval will permit the University to operate to its fullest capacity.</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	Not a request for new funds from the state.
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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	The intended impact of this decision package is to appropriately reflect anticipated generated revenues (clinical, auxiliary, and tuition and fees) resulting from program growth and allow the University to operate at its full capacity.
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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	Funds will be monitored through budget evaluations currently in place at the department, finance office, and senior and executive management levels.
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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	11405
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Allocation of FY2016-17 Statewide Employee Benefits - recurring
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Provide a brief, descriptive title for this request.

AMOUNT	\$2,240,212
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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	Executive Budget Office, State of South Carolina
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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 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"/> 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	Medical University of South Carolina 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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ACCOUNTABILITY OF FUNDS	N/A – State mandate.
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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	N/A – State mandate.
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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 matching funds.
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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	N/A
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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>Allocation of Statewide Employee Benefits for FY2016-17.</p> <ul style="list-style-type: none"> • Pay Plan Allocation (Including fringe) - \$1,681,325 • SCRS & PORS .505 Rate Increase - \$ 215,311 • Health & Dental Insurance Allocation - \$ 343,576
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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>Per letter from the Executive Budget Office for Allocation of State Funds for FY2016-17.</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>N/A</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 – State mandate.
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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	11408
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	FY2017-18 Additional Positions
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Provide a brief, descriptive title for this request.

AMOUNT	\$0 – FTE request only
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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	This program was administratively established at the Medical University of South Carolina primarily through funding from sales & services, tuition, private grants & contracts, and auxiliary funds. Authorized by Title 59 Chapter 101 of the South Carolina Code of Laws. This decision package is not prompted by the establishment of or a revision to that authority.
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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 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.	

RECIPIENTS OF FUNDS	N/A
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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	<p>This request supports the mission of MUSC – to preserve and optimize human life in South Carolina and beyond. This request focuses on Goal 2 of MUSC’s Accountability Report: Advance the knowledge of health sciences for the citizens of South Carolina and the nation, in addition to keeping our instructional focus contemporary.</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	N/A
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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 matching funds
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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>This is not a funding request. Positions will be funded through cost savings and revenue generation.</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:**Medical University of South Carolina****AGENCY CODE:****H51****SECTION:****23****SUMMARY**

Total of 87 other funded FTE's and 12 federal FTEs are needed based on the current hiring needs, continued expansion of programs and recent growth trends. New and/or expanding clinical programs and research initiatives, such as those outlined below will be supported through this request:

Regenerative Medicine; Biochemistry; Microbiology; Neuro Research; Pharmacology	Faculty to support research growth
Public Health	Faculty for program expansion resulting from increased enrollment
Anesthesiology; Radiology; Pathology; Radiation Oncology	Faculty to support surgical faculty hires and other provider hires (transplant surgery, neuro-surgery, ophthalmology and orthopedics)
Dermatology	Faculty for projected clinical market and clinical research growth.
Family Medicine	Faculty for increased geriatric services
Medicine/GI; Neurosurgery; OB/GYN; Ophthalmology; Orthopaedics; Otolaryngology; Surgery; Urology	Faculty for expansion of clinical access hours
Pediatrics	Faculty for expansion of clinical access hours and new Children's Hospital
Neurology	Faculty for expansion of Movement Disorders program
Psychiatry	Faculty for expansion of addiction and crime victims services and research in these areas
Medicine/Cardiology	Faculty for heart transplant services
Medicine/Hospitalist Service	Expansion of hospitalist service
Medicine/Hematology/ Oncology	Recruitment of new Hollings Cancer Center Director
Medicine/Nephrology	Faculty for improved access to kidney transplant services
Medicine/Pulmonary & Critical Care	Faculty for expansion of telehealth services across the state, critical care
Medicine/Hematology/ Oncology; Medicine/Pulmonary & Critical Care	Faculty for growth of clinical trials program within Hollings Cancer Center
Medicine	Nurse Practitioner to support increased in patients in Hollings Cancer Center
Medicine; South Carolina Translational Research;	Grants Administrator to support increase in research programs
Anesthesiology; Radiology; Pediatrics; Medicine; Surgery	Administrative support for additional clinicians

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	Psychiatry; Pediatrics; Medicine	Fiscal and program support for increase in research programs
	SCTR	Research Study Coordinator I/IT to support increase in research programs
	College of Health Professions	Webmaster to support new web activities and updates for new programs, etc.
	Health Sciences & Research	Faculty for expansion of research within college
	Master of Health Informatics	Program began in FY16 and need to hire additional faculty with expansion of program
	B.S. in Healthcare Studies	New program for FY17 and need to hire additional faculty member with expansion of program
	Anesthesia for Nurses	Faculty for expansion of masters level program

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	Human Resources Management projected the number of positions based on input from the Colleges, known areas of expansion in clinical and research activities, as well as their human resource expertise in length of recruitment timeframes, particularly among faculty positions, on-boarding requirements and hiring trends.
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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 state will not incur any maintenance-of-effort or other obligations by adopting this decision package.</p> <p>If this request is not permitted, the Colleges and programs will experience inefficiencies resulting in ineffective performance and/or will be unable to support efforts of the clinical enterprise and research community. This is a request for new positions only. No additional funds are being requested.</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

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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	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	The intended impact of this decision package is to attain the appropriate amount of positions to allow the identified Colleges and programs to operate effectively and to support expansion of clinical and research efforts.
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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	Monitored by MUSC Compensation staff assigned to FTE Management in the Human Resources Management Office.
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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	11411
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	MUSC Statewide Innovation - recurring
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 7,500,000 in recurring funds
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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	Authorized by Title 59 Chapter 101 of the South Carolina Code of Laws.
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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 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.	

RECIPIENTS OF FUNDS	The beneficiaries would be the citizens of South Carolina who receive services from MUSC for healthcare needs as patients, students, and public service.
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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	<p>This request supports the mission of MUSC – to preserve and optimize human life in South Carolina and beyond. This request focuses on Goal 2 of MUSC’s Accountability Report: Advance the knowledge of health sciences for the citizens of South Carolina and the nation, in addition to keeping our instructional focus contemporary.</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	N/A
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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 matching funds
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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>There are no other funding sources. If state funds are not available to meet the needs of this project, advances in healthcare projects would have to be postponed until state has the capacity to fund the project.</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.

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SUMMARY	<p>Three of the most important goals in health care include building healthier communities, providing affordable care, and offering better patient experiences. Health innovation can fast-track those goals by discovering and delivering new methods, products, technologies, and medications to treat patients more effectively and efficiently. The state of South Carolina falls near the bottom of the list when it comes to the healthiest states in the country. Therefore, investing in health innovation is a tremendous opportunity to positively impact our citizens.</p> <p>One successful example of health innovation in action is the MUSC-led SC Telehealth Alliance, which provides critical and specialty care to citizens in rural areas, to inmates, and to children in underserved schools. Further investment in health innovation would ensure that future innovations are discovered and delivered in South Carolina and under the leadership and expertise of the state’s academic medical center.</p> <p>MUSC will focus on health innovation in the state’s areas of need such as rural health, mental health, cancer, and children’s health thereby delivering the most meaningful impact for some of our most vulnerable populations. MUSC also plans to leverage existing relationships to expand statewide partnerships in order to maximize impact and reach.</p> <p>Health innovation will fundamentally change health care by creating healthier populations, lowering costs, and increasing patient satisfaction – the trifecta our state needs to achieve to improve our national standing and create a better place to live and work.</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>Estimated initial operation cost to further expand and partner in statewide innovation programs and maximize efficiencies.</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	<p>The state will need to approve a permanent increase of state funds to fund this project. If the request is not honored, future operating budgets will remain at current level. The identified source of funds is state funding.</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?

PRIORITIZATION	<p>If sufficient funds are not available to meet the needs of this project, advances in healthcare projects may have to be postponed until state has the capacity to fund the project.</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 impact of this decision package is intended to foster the advancement of technology in healthcare making it possible to deliver more affordable and enhanced healthcare 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 will be evaluated based on the impact on programs and service delivery. Specific outcomes would include timing impact on delivery of services, improvements in access to constituents, and impact on cost of healthcare.</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 C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	11414
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Capital Renewal FY 2017-2018
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Provide a brief, descriptive title for this request.

AMOUNT	\$25,000,000
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	Operations & Maintenance of Plant; #591
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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 type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Capital Request
	<input checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # ____1____
	<input type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>MUSC has identified over \$50 million of the most obvious deferred capital renewal needs for the University. Our model of the University facilities and their condition and age suggest that an annual investment is needed to maintain overall status quo. This annual investment is needed to maintain critical systems (mechanical, electrical, plumbing, exterior façade, roofs, conveyance and building envelope). The most urgent needs for 2017-2018 will be identified based on priority as we get closer to this coming fiscal year.</p> <p>This is a capital project that will consist of several projects to address basic critical facility renewal needs required to maintain an acceptable working environment within existing facilities for our students, faculty, staff, patients and visitors. The alternatives of replacing facilities through leasing or constructing new would be more expensive. The facilities affected by executing these projects are expected to continue to serve the University throughout the service life of the investment. In each case, executing these projects will result in cost avoidance as deterioration resulting from delay is increasingly progressive in nature.</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:	Medical University of South Carolina		
AGENCY CODE:	H51	SECTION:	23

CLASSIFICATION OF FUNDS	<p>This request is to support non-recurring capital renewal expenditures and is the only request submitted on the CPIP, priority #1.</p>
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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	<p>None known at this time.</p>
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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	<p>See comments under "Long-Term Planning and Sustainability".</p>
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	<p>No funds have been invested in this project to date. We anticipate that any additional annual operating funds will be absorbed into the existing budget. We already maintain these systems. It is likely that there will be associated operating cost savings that can be used to address other currently unmet maintenance needs.</p>
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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	<p>No approvals have been obtained. Specific projects will be submitted for approval in accordance with MUSC Board of Trustees and State agency guidelines.</p>
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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:	Medical University of South Carolina		
AGENCY CODE:	H51	SECTION:	23

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	11417
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Interprofessional Health, Innovation & College of Pharmacy Building
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Provide a brief, descriptive title for this request.

AMOUNT	\$61,000,000
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	IA - Educational and General and Instruction College of Pharmacy
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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 type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input checked="" 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>Providing an improved, inter-disciplinary, and collaborative educational environment is critical to meeting the mission of MUSC and two objectives of the current strategic plan: 1) create, develop, and test innovative educational strategies and technologies to optimize student learning and objectives, and 2) integrate interprofessional teamwork into education, practice, and research. Combining education and health innovation into one building would set MUSC apart from peers and energize the campus. This proposed building would provide space for all of the Colleges to expand but will also provide a new home for the College of Pharmacy, as its space is in one of the poorest conditioned buildings on campus. The new Interprofessional Health Innovation Building footprint is approximately 27,000 GSF and ideally six levels for a total of 162,000 GSF. The new Interprofessional Health Innovation Building will be a hub of shared simulation and shared classrooms. Building new shared classrooms is crucial to meeting the needs of 21st century students. Learning pedagogies have changed significantly over the years and this new building will incorporate flexible, flat floor classrooms and break out rooms so that learning environments can adapt over time. Additionally, the building will also consolidate many student services that are distributed across the campus and provide space to expand the distance learning program.</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:	Medical University of South Carolina		
AGENCY CODE:	H51	SECTION:	23

CLASSIFICATION OF FUNDS	<p>Not included in most recent CPIP. This is strategically important and this addresses issues identified in our strategic planning (Imagine 2020).</p>
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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	<p>College of Pharmacy expects \$10,000,000 from philanthropy.</p>
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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	<p>None known at this time.</p>
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	<p>No funds have been invested in this project to date. This project need was confirmed by our campus Master Facilities Plan completed in 12/2015.</p>
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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	<p>No approvals have been obtained. Specific project will be submitted for approval in accordance with MUSC Board of Trustees and State agency guidelines.</p>
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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:	Medical University of South Carolina		
AGENCY CODE:	H51	SECTION:	23

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	11420
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Renovation Projects
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Provide a brief, descriptive title for this request.

AMOUNT	\$15,000,000
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	IA - Education & General for Operations and Maintenance of Plant
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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 type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input checked="" 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 new Children's Hospital will be completed by late 2019 on the site immediately south of Ashley River Tower. The completion of this building will be an important step towards meeting the strategic plan objective of providing an exceptional patient experience in all areas. This "Phase 2" hospital will be the second largest move of clinical functions from the east side of campus to the west side of campus along Courtenay Drive, following Ashley River Tower. As a result there will be a need for renovation and back-fill of existing University spaces to ensure alignment of academic and clinical missions. Buildings such as Psych Institute, Strom Thurmond Gazes, Clinical Sciences, and Colbert Education will need programmatic space renovations to meet this need.</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:	Medical University of South Carolina		
AGENCY CODE:	H51	SECTION:	23

CLASSIFICATION OF FUNDS	<p>Not included in most recent CPIP. This is strategically important and this addresses issues identified in our strategic planning (Imagine 2020).</p>
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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	<p>None known at this time.</p>
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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	<p>None known at this time.</p>
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	<p>No funds have been invested in this project to date. This project need was confirmed by our campus Master Facilities Plan completed in 12/2015.</p>
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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	<p>No approvals have been obtained. Specific project will be submitted for approval in accordance with MUSC Board of Trustees and State agency guidelines.</p>
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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:	Medical University of South Carolina		
AGENCY CODE:	H51	SECTION:	23

FORM E – 3% GENERAL FUND REDUCTION

DECISION PACKAGE	11423
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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	-\$1,958,704
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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	Provided by the Executive Budget Office. 3% of FY2016-17 State Appropriation.
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Describe the method of calculation for determining the reduction in General Funds.

ASSOCIATED FTE REDUCTIONS	No anticipated FTE reductions
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM/ACTIVITY IMPACT	None of the programs or activities supported by the General Fund has been identified. MUSC commits its General Funds to salaries and related employee benefits, and special items. The plan attempts to absorb reduction while protecting existing staff employment and does not impact any special items.
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What programs or activities are supported by the General Funds identified?

AGENCY NAME:	Medical University of South Carolina		
AGENCY CODE:	H51	SECTION:	23

SUMMARY	<p>MUSC will make every effort to protect existing employees by reducing spending from administrative and support costs across all units, including:</p> <ul style="list-style-type: none"> Control the replacement of nonessential vacant positions. Reduce the hiring of temporary staff. Seek assistance from consultants and existing consortia such as the Education Advisory Board (EAB) to pursue the reduction of administrative redundancy among campus units using techniques such as shared service centers. Renewing efforts to find savings from collaborative procurements found in the Charleston Higher Education Purchasing Alliance (CHEPA).
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Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.