

Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23



**Fiscal Year FY 2022-2023**

**Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

<b>OPERATING REQUESTS</b> <i>(FORM B1)</i>	<b>For FY 2022-2023, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input checked="" type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

<b>NON-RECURRING REQUESTS</b> <i>(FORM B2)</i>	<b>For FY 2022-2023, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input checked="" type="checkbox"/>	Not requesting any changes.

<b>CAPITAL REQUESTS</b> <i>(FORM C)</i>	<b>For FY 2022-2023, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting funding for Capital Projects.
	<input type="checkbox"/>	Not requesting any changes.

<b>PROVISOS</b> <i>(FORM D)</i>	<b>For FY 2022-2023, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Christine Brown	(843) 792-2864	smallsch@musc.edu
<b>SECONDARY CONTACT:</b>	Patrick Wamsley	(843) 792-8908	wamsley@musc.edu

I have reviewed and approved the enclosed FY 2022-2023 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
<b>SIGN/DATE:</b>		
<b>TYPE/PRINT NAME:</b>	David J. Cole, M.D.	James Lemon, D.M.D.

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

Agency Name:	Medical University Of South Carolina
Agency Code:	H510
Section:	23

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Tuition Mitigation	5,485,000	0	0	0	5,485,000	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	Behavioral Health	5,000,000	0	0	0	5,000,000	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Comprehensive Cancer Care	10,000,000	0	0	0	10,000,000	0.00	0.00	0.00	0.00	0.00
4	B1 - Recurring	Building Renovation	5,000,000	0	0	0	5,000,000	0.00	0.00	0.00	0.00	0.00
5	B1 - Recurring	Cybersecurity	5,000,000	0	0	0	5,000,000	0.00	0.00	0.00	0.00	0.00
6	B1 - Recurring	Additional Positions (FTE Only)	0	0	0	0	0	0.00	0.00	110.00	0.00	110.00
7	B1 - Recurring	Federal Fund Changes	0	10,000,000	0	0	10,000,000	0.00	0.00	0.00	0.00	0.00
8	B1 - Recurring	Other Fund Changes	0	0	39,900,000	0	39,900,000	0.00	0.00	0.00	0.00	0.00
9	C - Capital	Campus Resiliency	30,000,000	0	0	0	30,000,000	0.00	0.00	0.00	0.00	0.00
10	C - Capital	Capital Renewal Projects	50,000,000	0	0	0	50,000,000	0.00	0.00	0.00	0.00	0.00
11	C - Capital	Renovation Projects	15,000,000	0	0	0	15,000,000	0.00	0.00	0.00	0.00	0.00
12	C - Capital	Combined Heat & Power Facility H51-9852	45,000,000	0	0	0	45,000,000	0.00	0.00	0.00	0.00	0.00
13	C - Capital	Campus Revitalization	50,000,000	0	0	0	50,000,000	0.00	0.00	0.00	0.00	0.00
TOTALS			220,485,000	10,000,000	39,900,000	0	270,385,000	0.00	0.00	110.00	0.00	110.00

Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

## **FORM B1 – RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	<b>Tuition Mitigation</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$5,485,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$5,485,000</b>
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*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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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 checked="" type="checkbox"/>	Education, Training, and Human Development
	<input 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	

<b>ACCOUNTABILITY OF FUNDS</b>	<p>This funding request supports Goal 1 in Accountability Report – 'Preserve and optimize human life in South Carolina and beyond by effectively educating health care professionals and biomedical scientists.' Being able to fund instructional program cost without increasing in-state tuition and mandatory fees directly benefits students and families of South Carolinians. Reducing students' financial obligations will enhance their ability to focus on their class requirements. Funds would be a part of the colleges operating budget evaluated through the monthly budget to actual monitoring process.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	<p>Beneficiaries are the University's six colleges. The students and families of South Carolina will benefit as these dollars will be used to offset any tuition increases. MUSC's plan, if fully funded, is to have no in-state tuition increase across all six</p>
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**FUNDS**

colleges.

*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?*

**JUSTIFICATION OF REQUEST**

Providing quality instructional programs at the most affordable rate to in-state students and their families is important to the University. Receiving state appropriated funds that directly incentivizes not increasing in-state tuition and mandated fees, lowers financial obligations for students and their families. The funds can ultimately result in less need to borrow money and positively impact student debt. Being afforded the ability to not increase in-state rates can also enhance access for other South Carolinians to attend the University. In addition to benefiting the citizens, the positive impact on the University pricing can help to ensure its success.

*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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## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	2
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Behavioral Health</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$5,000,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$5,000,000</b>
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*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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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 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
	<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 checked="" type="checkbox"/>	Education, Training, and Human Development
	<input 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

<b>ACCOUNTABILITY OF FUNDS</b>	MUSC's recurring cost for statewide mental health plan.
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	Medical University of South Carolina.
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**FUNDS**

*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?*

**JUSTIFICATION OF REQUEST**

New statewide mental health plan will include working with many stakeholders across the state. MUSC will incur workforce expansion and other recurring cost to fill this statewide priority.

*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.*

Agency Name:	Medical University Of South Carolina		
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## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	3
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Comprehensive Cancer Care
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$10,000,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$10,000,000</b></p>
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*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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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 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
	<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

<b>ACCOUNTABILITY OF FUNDS</b>	MUSC is one of 71 National Cancer Institute-designated (NCI) cancer centers in the nation, and the only one in South Carolina. Our goal is to become a Comprehensive Cancer Center, which is the next level designated by the National Institutes of Health.
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	Hollings Cancer Center.
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**FUNDS**

*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?*

**JUSTIFICATION OF REQUEST**

The NIH requires their NCI-designated cancer centers to have additional state investment.

*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.*



Agency Name:	Medical University Of South Carolina		
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## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	4
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Building Renovation</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$5,000,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$5,000,000</b>
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*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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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 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
	<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 checked="" type="checkbox"/>	Education, Training, and Human Development
	<input 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	

<b>ACCOUNTABILITY OF FUNDS</b>	<p>The funds will be managed consistent with MUSC's internal process. Our department of Capital Projects and Leases works closely with Engineering and Facilities to manage capital projects.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	<p>MUSC will directly receive the funds for the specific purpose of building renovations. Beneficiaries are the students, faculty, patients, and the State of South Carolina by meeting the needs of South Carolinians. The department of Engineering and Facilities will manage funds as a Capital Project. In addition to the State reporting</p>
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**FUNDS**

requirements, the funds will be monitored by the Capital Projects and Leases department in MUSC's Controller's office.

*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?*

**JUSTIFICATION OF REQUEST**

This project will provide expanded College of Medicine (COM) student support space to comply with accreditation mandates, provide needed classroom and instructional space for the University at large. The project includes the much needed replacement of the College of Pharmacy (COP) building. With classrooms dating more than 20 years old, the COP is the poorest condition building on campus, and one of the more functionally challenged. This project also saves on scheduled deferred maintenance for the existing buildings. Renovating and retrofitting of the building will provide students an environment to excel in their instruction and equip them with the tools needed to perform in the advanced technological arena.

The intended scope of the project includes:

- Renovate approximately 68,000 square feet of space in the Colbert Library on all 4 floors to house College of Medicine academic and student services;
- Renovate approximately 13,000 square feet of classroom space in the Basic Sciences Building; and
- Add approximately 26,000 square feet of space to the Basic Sciences Building in order to relocate College of Pharmacy classrooms;

The goal of the project is to provide state-of-the-art academic and student support space for the COP as well as new flexible classroom and instructional space for 21st century pedagogy across all six colleges, including updated Simulation/Innovation Center and skills labs, Virtual Reality demonstration space, and to accommodate the newly established College of Medicine flex curriculum and accelerated programs. The project will also provide expanded COM student support space to comply with accreditation guidelines.

These renovations and additions align with MUSC's academic strategic drivers to optimize collaboration, innovation, and maximal efficiency and flexibility, supporting proactive and visionary space management influences:

- Operating facilities with optimum efficiency and utilization;
- Recruiting efforts in an increasingly competitive environment;
- Providing flexibility to better respond to program needs;
- Establishing appropriate teaching, research, and community service resources; and
- **Providing a platform for innovative educational program delivery.**

*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.*

Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	5
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*Provide the Agency Priority Ranking from the Executive Summary.*

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

<b>AMOUNT</b>	<p><b>General: \$5,000,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$5,000,000</b></p>
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*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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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 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 checked="" 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 checked="" type="checkbox"/>	Education, Training, and Human Development
	<input 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	

<b>ACCOUNTABILITY OF FUNDS</b>	<p>The security of information systems is vital to all operations in the MUSC enterprise. This funding request supports each goal in the accountability report. Goal 1 - 'Preserve and optimize human life in South Carolina and beyond by effectively educating health care professionals and biomedical scientists;' Goal 2 - 'Preserve and optimize human life in South Carolina and beyond by conducting research in the health sciences.' Funds would be a part of the Information Solutions department, and as necessary colleges and other departments operating budgets evaluated through the monthly budget-to-actual monitoring process.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	<p>The funds will be allocated to our central Information Solutions department, as well as colleges and support areas for specific cyber security needs. Funds will be allocated through our RCM budget model.</p>
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**FUNDS**

*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?*

**JUSTIFICATION OF REQUEST**

We are requesting additional funds to enhance the MUSC's cybersecurity infrastructure and monitoring to better support expanded rural health initiatives and our regional health network partners supporting the citizens of SC". Receiving the requested funds will help to address the growing cyber security needs to include:

1. Improve cybersecurity infrastructure and monitoring capabilities for clinical systems, applications and biomedical devices to enhance patient care, safety and experience, and clinician efficiency and satisfaction.
2. Improve cybersecurity infrastructure and monitoring capabilities for academic and research systems and applications for enhanced teaching, learning, student success, and research outcomes.
3. Improve cybersecurity capabilities and processes for cyber threats and vulnerabilities management, security monitoring, and incident management.

*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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## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>6</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Additional Positions (FTE Only)</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$0</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$0</b>
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*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>110.00</b>
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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 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 checked="" 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 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
	<input checked="" 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

<b>ACCOUNTABILITY OF FUNDS</b>	<p>This request supports the mission of MUSC of preserving and optimizing human life in South Carolina and beyond, and is aligned with statewide strategies around healthy families and enhancing public well-being.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	<p>Internal beneficiaries are the University's colleges, programs, departments and development/fundraising strategic efforts. External beneficiaries are communities and patients in the Charleston area, State of South Carolina, and region.</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?*

**JUSTIFICATION OF REQUEST**

<p><b>A total of 110 new positions, of which are 73 faculty and 37 are classified, are needed based on projected hiring needs to support new and/or expanding clinical programs and research initiatives, such as those outlined below:</b></p>	
<b>College of Medicine</b>	Administrative and programmatic support for increased number of faculty and growth of programs, research and clinical enterprise programs.
<b>College of Medicine</b>	Clinical Providers (faculty) to support growth of medical and surgical services across the clinical enterprise due to opening of new outreach facilities, increased demand for telehealth activities, expansion of MUSC Health, and implementation of new clinical services.
<b>College of Medicine</b>	Clinical instructors to support growth of research programs across the college and institution in areas including healthy aging, cancer, microbiology, immunology, neuroscience, radiology and otolaryngology.
<b>College of Medicine</b>	Fiscal, accounting and grant administration support for growth in clinical and research activities.
<b>College of Medicine</b>	Faculty (clinical providers and researchers) to support growth of research programs across the college and institution in areas including healthy aging, cancer, digestive disease, microbiology, immunology, neuroscience, radiology and otolaryngology.
<b>College of Nursing</b>	Administrative, programmatic and information technology support for increased number of faculty and college activities.
<b>College of Health Professions</b>	Faculty to support growth in the areas of Healthcare Leadership & Sciences, Speech & Language Pathology, Health Sciences, Genetic Counseling and the Anesthesia for Nurses Program.
<b>College of Health Professions</b>	Administrative, programmatic and information technology support for increased number of faculty and growth of programs and research.
<b>College of Health Professions</b>	Faculty to support growth in health services research areas.
<b>Hollings Cancer Center</b>	Support for additional faculty and expansion of clinical trials.

*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.*



Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	7
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Federal Fund Changes</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$0</b> <b>Federal: \$10,000,000</b> <b>Other: \$0</b> <b>Total: \$10,000,000</b>
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*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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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 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
	<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 checked="" type="checkbox"/>	Education, Training, and Human Development
	<input 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	

<b>ACCOUNTABILITY OF FUNDS</b>	<p>This request supports Goal 6 – 'Integrate our research and clinical strengths to transform health care' in the OneMUSC Strategic Plan.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	<p>Beneficiaries are the University's Colleges, programs, departments, administrative support areas, and the State of South Carolina by meeting the needs of South Carolinians.</p>
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**FUNDS**

*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?*

**JUSTIFICATION OF REQUEST**

This request to increase "Federal Funds" spending authority by \$10,000,000 is due to expected growth in federally funded research programs and the support for the sustainability of those programs.

*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.*



Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>8</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Other Fund Changes</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$0</b> <b>Federal: \$0</b> <b>Other: \$39,900,000</b> <b>Total: \$39,900,000</b>
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*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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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 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
	<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 checked="" type="checkbox"/>	Education, Training, and Human Development
	<input 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

<b>ACCOUNTABILITY OF FUNDS</b>	<p>This request supports Goal 1 - 'Cultivate a culture of innovation' in the OneMUSC Strategic Plan. It aligns with Goal 1 of MUSC's Accountability Report - 'Preserve and optimize human life in South Carolina and beyond by educating'.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	Beneficiaries are the University's colleges, programs, departments and administrative support areas.
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**FUNDS**

*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?*

**JUSTIFICATION OF REQUEST**

This request to increase "Other Funds" spending authority by \$39,900,000 is due to projected increases in clinical operations to support the growth of medical and surgical services resulting from the MUSC Children's and Women's Hospital, expansion of development donor and gift programs, and expansion in the colleges due to increased enrollment and program growth. The majority of the request is related to the healthcare operations of the MUSC Enterprise and is funded by clinical contracts from the hospitals. There is also a small tuition component of the request due to increased class sizes and minimal out-of-state rate increases.

*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.*

Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	9
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Campus Resiliency
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$30,000,000
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*How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	1
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	Project needs to be reviewed by MUSC Board of Trustees, CHE, JBRC, and SFAA.
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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, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	This project will construct two elevated pedestrian bridges. One bridge will connect the Ashley River Tower to the Bioengineering Building. The second bridge will connect the Clinical Sciences Building to the College of Nursing & Public Safety Buildings. The bridges will provide ease of access to MUSC facilities during flooding, avoid duplicate staffing during severe weather events, provide a safer option for pedestrian traffic, and improve overall safety for our patients, students, and staff.
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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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	This project will construct two elevated pedestrian bridges. One bridge will connect the Ashley River Tower to the Bioengineering Building. The second bridge will connect the Clinical Sciences Building to the College of Nursing & Public Safety Buildings.
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## SUMMARY

*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*

Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	10
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Capital Renewal Projects
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$50,000,000
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*How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	This project was not on the CPIP as MUSC has not identified the funding source.
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	MUSC Board of Trustees approved in FY22 capital budget. Will need approval of CHE, JBRC, and SFAA for individual subprojects over \$1 million.
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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, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	MUSC sets aside internal funds every year for capital renewal. Since these systems are already maintained by the University, costs/savings are deemed neutral.
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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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	MUSC has identified over \$200 million of deferred capital renewal needs for the University. Our model of University facilities: their condition and age, suggests 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). 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.
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## SUMMARY

*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*

Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	11
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Renovation Projects
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$15,000,000
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*How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	This was not on the CPIP this year as MUSC has not identified the funding source.
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	Will obtain MUSC Board of Trustees approval with annual capital budget approval. Project will need to be approved by CHE, JBRC, and SFAA.
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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, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	MUSC strives to utilize existing spaces in the best way possible and conversion/reuse is a sustainable option. Since these systems are already maintained by the University, costs/savings are deemed neutral.
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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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	Renovation and backfill of existing University space to ensure alignment of academic and clinical missions. Includes conversion of relocated lab space to administrative offices in Institute of Psychiatry and renovation of lab space in the Basic Science Building on the 7th floor. Includes renovation of approximately 14,500 square feet of existing lab space on the 3rd floor of the Hollings Cancer Center. The project will create a central core lab facility consisting of lab spaces used by all research investigators housed on the 3rd floor. This will rearrange the existing lab space to provide increased investigator capacity and increased efficiencies of lab operations. The work will be implemented in phases to limit disruption to the ongoing research currently being performed on the floor. Current space is outdated and less efficient (renovation will accommodate more investigators in same amount of space). The goal is to realize research operational efficiencies and improve collaboration by consolidating core functions into one centralized space. Also, will include the renovation of relocated research labs in the Institute of Psychiatry. The College of Medicine continues to grow to support the clinical mission of MUSC and offices are
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needed to support this growth.

## SUMMARY

*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*



Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	12
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Combined Heat & Power Facility H51-9852
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$45,000,000
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*How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	6
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	MUSC Board of Trustees approved design (Phase 1) for \$1,500,000. Phase 2 will need approval of our Board of Trustees, CHE, JBRC, and SFAA at the completion sometime during this fiscal year.
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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, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	MUSC has committed the \$1.5M required to complete the Phase 1 design. The goal is to create energy savings for the campus.
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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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	The project constructs a turbine to generate electricity for our campus that saves energy dollars and hardens the clinical mission during hazardous conditions (hurricane, flooding).
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## SUMMARY

*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*

Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	13
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Campus Revitalization
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$50,000,000
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*How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	This is not on this year's CPIP.
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	Project needs to be reviewed by MUSC Board of Trustees, CHE, JBRC, and SFAA.
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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, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	MUSC sets aside internal funds every year for capital renewal. Since these systems are already maintained by the University, costs/savings are deemed neutral.
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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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	MUSC has buildings that are 50 plus years old and we are currently assessing and prioritizing need in this area to see if it is more cost effective to renovate or build part or whole new structures. This includes the Colleges of Medicine, Health Professions, and other campus assets.
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## SUMMARY

*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*

Agency Name:	Medical University Of South Carolina		
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## **FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION CONTINGENCY PLAN**

<b>TITLE</b>	Agency Cost Savings and General Fund Reduction Contingency Plan
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<b>AMOUNT</b>	\$2,742,908
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*What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*

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

<b>PROGRAM / ACTIVITY IMPACT</b>	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 would be to absorb reduction while protecting existing staff employment and would not impact any special items.
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	MUSC will make every effort to protect existing employees by reducing spending from administrative and support costs across all units, including: control the replacement of nonessential vacant positions and reduce the hiring of temporary staff.
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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.*

**AGENCY COST  
SAVINGS PLANS**

MUSC cannot predict the amount of cost savings, but two items to be attempted will be: 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 and renewing efforts to find savings from collaborative procurements found in the Charleston Higher Education Purchasing Alliance (CHEPA).

*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?*

Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

## **FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS**

<b>TITLE</b>	Savings and Efficiency Improvements through Joint Procurements at MUSC
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*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	<p>The Medical University of South Carolina (MUSC) and the Medical University Hospital Authority (MUHA), through their Strategic Plan, "Imagine MUSC 2020," have identified opportunities to streamline operations and save taxpayer dollars.</p> <p>We have found that using an Enterprise strategy to reorganize across organizational boundaries can eliminate silos, develop consistent processes, provide better services, and create significant savings. Current examples are Information Technology, Risk Management, and Engineering and Facilities. In these areas alone, we have identified services and procurements that are common to both organizations, such that the separate procurement of them does not make financial or operational sense. So, while good financial and operational decisions are important, our status as a healthcare organization makes it critical that we remain flexible so that opportunities are not missed.</p> <p>Therefore, MUSC and MUHA are actively seeking joint procurements in conjunction with the State's Procurement Code regulations for Enterprise-wide procurements of goods or services related to these areas.</p>
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*What is the expected savings to South Carolina's businesses and citizens that is generated by this proposal? The savings could be related to time or money.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<p><b>Mark "X" for all that apply:</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Repeal or revision of regulations.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Reduction of agency fees or fines to businesses or citizens.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Greater efficiency in agency services or reduction in compliance burden.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other</td> </tr> </table>	<input type="checkbox"/>	Repeal or revision of regulations.	<input type="checkbox"/>	Reduction of agency fees or fines to businesses or citizens.	<input checked="" type="checkbox"/>	Greater efficiency in agency services or reduction in compliance burden.	<input type="checkbox"/>	Other
<input type="checkbox"/>	Repeal or revision of regulations.								
<input type="checkbox"/>	Reduction of agency fees or fines to businesses or citizens.								
<input checked="" type="checkbox"/>	Greater efficiency in agency services or reduction in compliance burden.								
<input type="checkbox"/>	Other								

<b>METHOD OF CALCULATION</b>	MUSC could leverage procurements and reduce per-transaction costs by procuring goods and services that are used jointly across the enterprise.
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*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*

<b>REDUCTION OF FEES OR FINES</b>	No fees or fines are associated with this request.
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*Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?*

<b>REDUCTION OF REGULATION</b>	N/A
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*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

	<p>MUSC's Strategic Plan emphasizes the reduction of barriers across campus in order to improve efficiencies and reduce costs. The ultimate benefit will be to the patients of MUSC and the taxpayers of South Carolina. MUSC's Enterprise is comprised of the University, Medical Center (MUHA) and the Physician's Practice Plan (UMA). There is significant redundancy in operations across the enterprise that drives costs up. Our objective is to reduce these inefficiencies in order to streamline operations and reduce costs.</p>
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## SUMMARY

*Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?*