

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



Fiscal Year 2016-17 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	<p>My agency is submitting the following recurring decision packages (Form B): Allocate FY2015-16 Health Insurance (6466) , Office of Healthcare Workforce Analysis and Planning (6469), Decrease for Loss of Geriatric Education Center Grant (6665), and Correct Revenue Line Item (7289)</p> <p>For FY 2016-17, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<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.		
<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)	<p>My agency is submitting the following one-time decision packages (Form C):</p> <p>For FY 2016-17, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.		
<input type="checkbox"/>	Requesting capital and/or non-recurring funds.						
<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.						
PROVISOS	<p>For FY 2016-17, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>	<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.
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<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:	Donald N. Tyner	843-792-4427	tynerd@musc.edu
SECONDARY CONTACT:	David R. Garr, MD	843-792-4431	garrdr@musc.edu

I have reviewed and approved the enclosed FY 2016-17 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:	<i>David R. Garr</i> 10/1/15	
TYPE/PRINT NAME:	David R. Garr, MD	

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6466
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Allocation of Statewide Employee Benefits for FY2015-16
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Provide a brief, descriptive title for this request.

AMOUNT	\$19,566
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What is the net change in requested appropriations for FY 2016-17? 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 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?

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"/> 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	South Carolina Area Health Education Consortium Employees (South Carolina AHEC Employees are actually Medical University of South Carolina (H51) Employees who are paid with South Carolina AHEC (H53) Funds)
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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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RELATED REQUEST(S)	This decision package stands alone and is not associated with any other capital or non-recurring requests.
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	The requested funds would not be matched.
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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.

SUMMARY	Allocation of Statewide Employee Benefits for FY2015-16	
Information Technology /Security	Y/ <input checked="" type="checkbox"/> N	
Consulted DTO during development	Y/ <input checked="" type="checkbox"/> N	

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

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METHOD OF CALCULATION	Per letter form the Executive Budget Office for Allocation of State Funds for FY2015-16.
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	N/A
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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	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 2016-17?

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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	6469
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Office for Healthcare Workforce Analysis and Planning (OHW)
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Provide a brief, descriptive title for this request.

AMOUNT	\$450,000
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	This program was established at the South Carolina AHEC at the Medical University of South Carolina through funding by The Duke Endowment in 2008. This decision package is not prompted by the establishment of or a revision to that authority.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

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"/> 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 checked="" 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	Funds would be used to support two faculty researchers and one classified Statistician III currently supported by Duke Endowment funds and non-recurring state funds. Funds would also be used to support general office expenses, data acquisition, printing and dissemination of the annual South Carolina Health Professions Data Book and other healthcare workforce analysis publications.
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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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RELATED REQUEST(S) **This decision package stands alone and is not associated with any other capital or non-recurring requests.**

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS **The requested funds would not be matched.**

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 **The Duke Endowment has extended the life of this project by three years from its original four-year time frame. There are no alternative sustainable funding sources.**

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.

SUMMARY **The Office for Healthcare Workforce Analysis and Planning (OHW)** was created in 2008, with funding from The Duke Endowment, in response to the need for in-depth, current information about the healthcare workforce in South Carolina. Working in collaboration with the South Carolina Revenue and Fiscal Affairs Office of Health and Demographics, and using information published by other agencies of state government, the OHW evaluates the current supply of nurses, physicians, dentists, pharmacists and other healthcare professionals in South Carolina, as well as the demand for such professionals based on the needs of the population. This information is being used to assess personnel shortages and to build forecasting models of future supply and demand trends. All OHW research findings are published on-line and are readily available to legislators, educators, and other policy makers to inform discussions and decisions about the state’s healthcare workforce.

Information Technology /Security	Y/ <input checked="" type="checkbox"/> N
Consulted DTO during development	Y/ <input checked="" type="checkbox"/> N

The OHW works closely with the South Carolina AHEC program office and with the four regional AHEC Centers to identify areas in the state that need additional health care providers and would thereby benefit from having training sites for health professions students. The OHW also publishes the South Carolina Health Professions Data Book and other in-depth reports about specific healthcare providers. These reports are widely used by state agencies, the South Carolina hospitals and healthcare systems, healthcare professionals, community health program sponsors, educational institutions, and others to inform strategic planning activities involving the use, distribution, and education of healthcare professionals. In 2013, the OHW worked with the South Carolina Department of Health and Human Services to provide data to support the task force

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		<p>formed to address Proviso 33.34 – the Medicaid Accountability and Quality Improvement Initiative. The citizens of South Carolina benefit from the contributions of the OHW since planning and public resource allocation decisions can now be made on the basis of documented need.</p> <p>The South Carolina AHEC seeks to make the Office for Healthcare Workforce Analysis and Planning a permanent part of the services it provides to the state. An additional \$450,000 in the AHEC appropriation will permit the continued monitoring of changes in the healthcare delivery system, expand our knowledge of the numbers and types of healthcare providers in the workforce necessary to meet the increasing demands of our growing and aging population, and support the continued annual publication of the South Carolina Health Professions Data Book and other timely documents. The figure of \$450,000 is based on the costs of employing experienced research personnel, data acquisition efforts, miscellaneous office expenses, and report publication expenses. The amount requested for this program is less than the level of support initially provided by The Duke Endowment.</p> <p>Last year, the General Assembly allocated \$200,000 in non-recurring funds for the OHW by means of a budget proviso directing the SC DHHS to transfer \$200,000 to the South Carolina AHEC for the OHW. These funds when combined with remaining Duke Endowment funds, will sustain the OHW for FY16.</p>
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.

METHOD OF CALCULATION	<p>The amount requested was calculated by using the actual salaries and fringe benefits of existing OHW employees along with the additional funds needed for general office expenses, travel, data acquisition, and printing and dissemination of the annual SC Health Professions Data Book and other reports. We are unaware of any deviations that might affect this estimate.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

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FUTURE IMPACT	<p>Should recurring funds be allocated to the OHW for this decision package, the state will not incur any maintenance-of-effort, capital requests, or other obligations.</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 no or insufficient new funds are available to meet this need, the South Carolina AHEC would attempt to identify alternative funding sources and would defer action on this request until FY2017-18.</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 2016-17?

INTENDED IMPACT	<p>The anticipated impact of this program is more effective public policy and strategic planning by state agencies, policy makers, educational institutions and individuals that require timely, detailed and unbiased information about the demand for and supply of different types of healthcare professionals in South Carolina.</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 effectiveness of this program will be assessed by measuring the number and extent of workforce analyses, reports and fact sheets completed each year; the number of data requests received and fulfilled; feedback from those using the information generated by the Office for Healthcare Workforce Analysis and Planning; and the volume of website traffic and document downloads.</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6665
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	University of South Carolina (USC) Palmetto Geriatric Education Center
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Provide a brief, descriptive title for this request.

AMOUNT	\$53,200
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	US DHHS Health Resources and Services Administration (HRSA)
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

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"/> 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 checked="" 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 funds were salary support for the South Carolina AHEC Program Office and four regional AHEC Centers.
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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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RELATED REQUEST(S) **This decision package stands alone and is not associated with any other capital or non-recurring requests.**

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS **No**

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**

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.

SUMMARY **The University of South Carolina was not approved for funding when this grant application was submitted to HRSA.**

Information Technology /Security	Y/ <input checked="" type="checkbox"/> N
Consulted DTO during development	Y/ <input checked="" type="checkbox"/> N

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

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METHOD OF CALCULATION	N/A
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	N/A
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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	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 2016-17?

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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	7289
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Correct revenue line item
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Provide a brief, descriptive title for this request.

AMOUNT	\$0
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What is the net change in requested appropriations for FY 2016-17? 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 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?

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"/> 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	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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RELATED REQUEST(S) **This decision package stands alone and is not associated with any other capital or non-recurring requests.**

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS **N/A**

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**

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.

SUMMARY **This decision package is required to correctly reflect \$750,000 recorded as Student Tuition And Fees as Miscellaneous Revenue. This agency does not generate any tuition and fee revenue.**

Information Technology /Security	Y/ <input checked="" type="checkbox"/> N
Consulted DTO during development	Y/ <input checked="" type="checkbox"/> N

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

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METHOD OF CALCULATION	N/A
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	N/A
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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	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 2016-17?

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INTENDED IMPACT	The intended impact is to correctly reflect agency revenue.
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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?