



ACADEMIC PROGRAM PROPOSAL FORM

(Revised May 2014)

DIRECTIONS: Use this form when proposing a new major or primary field of study, new emphasis, or new degree program.

DATE SUBMITTED: November 2015

Date of AAC Approval:

December 2, 2015

INSTITUTION: University of Nevada, Las Vegas

REQUEST TYPE:

- New Degree
 New Major or Primary Field of Study
 New Emphasis

Date of Board Approval:

DEGREE (i.e. Bachelor of Science): Executive Master of Health Care Administration (EMHA)

MAJOR (i.e. Animal Science): NA

EMPHASIS (i.e. Equine Studies): NA

CREDITS TO DEGREE: 36

PROPOSED SEMESTER OF IMPLEMENTATION: Fall 2016

Action requested:

Approval is requested for the addition of an Executive Master for Health Care Administration (EMHA) program by the Department of Health Care Administration and Policy (HCAP) in the School of Community Health Sciences (SCHS) at the University of Nevada, Las Vegas.

A. Brief description and purpose of proposed program

The Executive Master for Health Care Administration is designed for people with a minimum of three years of experience in administrative or managerial health care positions (e.g, risk management department director, burn unit director), five years of professional experience, or health care professionals with terminal degrees in health care (e.g., MD, DDS, and DNP). It is expected that students will have experience in the health care field and are looking to broaden their knowledge base as a way of moving up the organization into positions with cross-functional responsibilities. Because of their work experience the number of credits required for this degree will be fewer in comparison to the current MHA offered by the department. Accelerated or reduced credit programs are the norm for most executive degree programs. This program allows full-time health care professionals the opportunity to take courses in an online setting and better meet the commitments required by their profession. The flexibility provided by the online program compared to the traditional classroom

settings provides the opportunity for health care administrators and professionals to complete their degree sooner than provided by the current MHA which includes in classroom course work.

The EMHA will admit student cohorts who will take all of their courses as a group. Initially we propose a cohort of 10 students in the first year, but expect to build that cohort to 20 students by the third year of the program. The semester sequence for the first cohort will require students to complete the required 36 credits in five terms based on the following: Fall, Spring, Summer, Fall, Spring. Subsequent cohorts will begin their coursework during summer and the terms will shift to a schedule of Summer, Fall, Spring, Summer, Fall. All courses will be taught online. Two on-campus required on campus meetings will also be held, convening for three to five days, depending on the semester. The on campus these meetings will be conducted during semester breaks (summer and winter) when regular UNLV classes are not being held. These meetings will be used to prepare students for their upcoming schedules, provide students with the instructional tools necessary to be successful in the program, and to help students develop and strengthen relationships with their peers as the progress through the program in preparation for group activities and presentations.

The first meeting will include an orientation for students to become familiar with UNLV support including obtaining UNLV identification (Rebel Card), library information for off campus access, UNLV student email accounts and any other tools necessary for the students to be successful. In the first on campus meeting, students will specify their goals and how the curriculum can be used to meet their goals. They will learn about the tools provided through the online teaching component so that they understand how the format works. Students will be given background on all of the courses for the program and lecture overviews about the courses they will take during the first semester. Students will also meet their cohorts to begin forming relationships in preparation of group activities.

The second meeting will focus on how well students are meeting their goals and prepare students for their capstone experience. Students must prepare their capstone proposal during this meeting. They will also be given an introduction to the final semester coursework. A theme of both campus meetings will be a focus on leadership qualities that successful health care executives should be able to demonstrate not only for their organizations, but also for the consumers they serve.

B. Statement of degree or program objectives

The curriculum is developed to include all the critical competencies for health care leadership, including issues of health care delivery, health care finance, ethical and legal issues in health care administration and management topics. Currently, the program stipulates the following objectives:

- Understand determinants and trends of population health and assess community needs for healthcare.
- Describe the economic, legal, organizational, and political underpinnings of the U.S. health care system.
- Apply the principles of economics, management, and strategic planning in health care organizations.
- Demonstrate leadership, communication, and relationship management skills for managing a health care organization.
- Apply finance, accounting, marketing, information technology, quantitative, planning, and management skills for successful administration of health care organizations.
- Build up professional ethics and behaviors.
- Utilize above skills necessary for advancing career in healthcare management.

To meet these objectives, we have designed a curriculum around five core domains including 30 competencies.

- Domain 1: Knowledge of health care environment
- Domain 2: Business knowledge and skills
- Domain 3: Communication and Relationship Management
- Domain 4: Professionalism
- Domain 5: Leadership

C. Plan for assessment of degree or program objectives

The program will provide annual assessments of completion of the program. The program submits an annual academic assessment report to the university. Our methods for evaluating completion of program objectives are multifaceted. Besides the typical course evaluations completed, the program will require each instructor to identify objectives covered in their course and evaluate the level to which coverage of those objectives were met. In addition, the program will review its objectives annually with the Health Care Administration Advisory Board to assure that the stated objectives meet professional requirements expected of masters' level prepared health care executives, administrators, and/or managers.

D. Plan for assessment of student learning outcomes and the use of this data for program improvement

A major source of information from academic assessment is provided by students both during and upon completion of their degree. We have developed a series of ongoing tools for students to evaluate them before, during and at the end of their program to determine the level of knowledge they have attained. These tools include competency based surveys, focus group interviews and exit surveys. We will conduct pre- and post-test evaluations regarding their level of knowledge of the program competencies, including having a basic knowledge of the competency, have had experience in applying the competency, and/or the ability to synthesize the competency in the work setting. As part of the competencies based analysis, students will be asked to assess their level of knowledge regarding the program objectives during the first on campus meeting to determine their base level knowledge of these objectives. Ongoing assessment will be used for each student to determine how well they have improved their knowledge of the objectives each semester. Focus groups will be conducted during on campus visits to ascertain what other competencies students may have a need to develop and how successful the program has been in addressing those needs. At the end of the program, students will be asked to complete an exit survey to determine how well the program met its objectives, the student's needs, and recommendations for improvement. Additional assessment tools including alumni surveys and academic assessment summits will be used to help evaluate the program's stated objectives and identify areas of improvement.

E. Contribution and relationship of program objectives to

i. NSHE Master Plan

The Executive MHA program will meet many of the objectives set forth in the NSHE Master Plan.

Initiative 3: Continuous Review and Revision of Programs to Support Innovation and Responsiveness:

"Develop new degree and certificate programs to provide students with career and technical options consistent with current and forecasted economic development and workforce goals of the state." Demand for health care services as a result of the Affordable Care Act requires expansion of health care services and a need for trained health care professionals across all levels including managing physician practices; expansion of inpatient acute and non-acute care facilities will require a knowledgeable health care workforce;

expansion of the state Medicaid program will require hiring knowledgeable health care professionals to successfully navigate the patient care system.

"Align overarching research and workforce development priorities with the state plan for economic development." and "Strengthen degrees and certificates that link to identified future jobs sought by Nevada in its economic development plan." The most recent edition of Health Care Careers in Nevada, 2014-15, indicates that growth in the health care managers will continue to be significant and that average wages were reported to be more than \$103,000 (see F. ii. below).

ii. Institutional mission

This program helps satisfy the UNLV mission by producing "accomplished graduates who are well prepared to enter the work force or to continue their education in graduate and professional programs". The EMHA degree is a professional degree that will provide opportunities towards improving the economic climate in Nevada. That this program will focus on Nevada statewide and throughout the nation is also within the UNLV mission.

iii. Campus strategic plan and/or academic master plan

This proposed degree program was not on the Academic Master Plan, but we are requesting an addition to the plan.

iv. Department and college plan

As a result of the SCHS's most recent strategic plan, this program helps satisfy the school's proposal to offer a variety of programs and services support student recruitment, retention, progression, and graduation. The current proposal will expand access to graduate education for working health care professionals and create the opportunity for career advancement.

v. Other programs in the institution

The Department of Health Care Administration and Policy (HCAP) currently offers the only Master of Health Care Administration in Nevada. There are other private institutions offering comparable programs, but UNLV's HCAP is the only public program in the state. Due to the opportunities created by the Affordable Care Act, several academic programs have taken an interest in collaborating in degrees or certificates with the department. However, those collaborations will fit more appropriately with the current MHA degree. The department remains open to working with other schools and departments in adding curricula to the proposed program, but only to the point that it can create specialty areas that do not detract from the core mission of the program.

vi. Other related programs in the System

There are no other Health Care Administration programs in the Nevada System of Higher Education.

F. Evaluation of need for the program

i. Intrinsic academic value of program within the discipline

This program will expand educational opportunities for health care industry professionals and take into account their professional experience as part of the learning process. A masters degree for health care professionals has been identified as vital to promotion within the industry.

ii. Evidence of existing or projected local, state, regional, national and/or international need for program

According to the Bureau of Labor Statistics (BLS), the number of health care managers in the U.S. is expected to grow by 23% by 2022. This is considered by the Bureau to be "much faster than average". Several factors can be attributed to the growth, including the increase in baby boomers who are more active and living longer, opportunities for those working in clinical positions who seek leadership advancement, and passage of the Affordable Care Act which has led to an increase in demand for health care services (<http://www.bls.gov/ooh/management/medical-and-health-services-managers.htm>). Based on the average wage cited in E.i., the overall economic impact has tremendous potential. Opportunities for higher earnings provide incentives for individuals seeking a degree in the Executive Master for Health Care Administration. Health care executives with a master's degree report a 25% higher income than those with only a bachelor's degree. It is also quite evident that the recruitment of high quality students to the EMHA will also build an important pipeline that is capable of significant philanthropic giving.

In the U.S., there were more than 6,341 hospitals in 2013 (American Hospital Association). Despite the serious recession experienced throughout the country beginning in 2008, the reported number of FTEs beds in U.S. hospitals grew from 9.84 in 2008 to 10.5 in 2010. (http://www.managedcaredigest.com/DigitalDigests/2012_2013HospSysDigest/files/assets/basic-html/page13.html). The acute care hospitals located in the urban communities of Southern Nevada and the Washoe/Carson area are mainly medical centers. In Nevada alone, there are 43 acute and post-acute care facilities. In the urban settings of Southern Nevada and Washoe/Carson region, hospitals range from 200-750 beds. Moreover, many of the local hospitals are affiliated with large health care systems that can be useful as a market component. Universal Health Care, the parent company of the Valley Health System in Las Vegas, plans to open a new acute care medical center in 2016. Universal Health Systems operates more than 225 acute care and behavioral health hospitals across the U.S. and internationally. Dignity Health recently completed construction of a new patient tower at their St. Rose Sienna campus adding 96 beds and expects to hire 600 new employees. Dignity Health, which operates three private, non-profit hospitals in the Las Vegas market, has 39 acute care hospitals and 250 ancillary care facilities in Nevada, California and Arizona. The Hospital Corporation of America, which owns Sunrise, MountainView and Southern Hills medical centers encompasses 165 hospitals and 115 surgery centers located in 20 states and London. Identification of these systems is important since each has an appointed member to the Health Care Administration Advisory Board.

The program can also provide a vital opportunity for mid- and upper-level managers in rural health care settings where programs for educational advancement in this field are in short supply or non-existent. The remoteness of rural hospitals and other health care facilities in the western U.S., makes access to larger metropolitan where traditional academic resources are available much more difficult. Thus, this online program is ideal for those professionals.

Additional evidence supporting the potential of this program is based on current programs in the department. The current MHA program has awarded 115 degrees since it began in 2009. The undergraduate program has more than doubled in enrollment in the last three years.

iii. If this or a similar program already exists within the System, what is the justification for this addition

The School of Community Health Sciences currently offers a 45 credit hour "residential" MHA program in the Department of Health Care Administration and Policy. This is the only similar program within the NSHE system. The executive version of this degree (EMHA) will target working professionals from around the state and nation who meet the proposed admission standards, primarily based on work experience, and who will be attracted to an affordable degree that better meets their work environment. By providing an online experience at a well-respected

public university such as UNLV, we anticipate attracting candidates who would otherwise pursue a degree at higher-cost, private institutions.

The current MHA program is a blend of full-time and part-time students with a variety of academic and professional experience who are seeking a position into entry- to mid-level profession in health care administration. The EMHA is designed for people with a minimum of three years of experience in administrative or managerial health care positions (e.g, risk management department director, burn unit director), five years of professional experience, or health care professionals with terminal degrees in health care (e.g., MD, DDS, and DNP). EMHA students have a deep understanding of health care functions, but are looking to broaden their knowledge base as a way of moving up the organization into positions with cross-functional responsibilities. The EMHA is more strategic than operational and seeks to make students leaders in their organizations and knowledgeable consumers of the various types of health administration information that may come across their desk.

The different goals of the MHA and EMHA programs attract different kinds of students. MHA students tend to be younger, typically between 22 and 35 years of age. They are generally new college graduates or young working professionals. We anticipate the age range for the EMHA students to be 30 to 45 years. The EMHA students must hold supervisory positions, have some responsibility over health care operations, and must have at least five years of professional experience and/or three years of direct managerial experience.

The EMHA is also different from the existing program in that it will admit student cohorts who will take all of their courses as a group. Because of their work experience, an internship is not required. Technical courses, such as biostatistics and research methods which are currently required for the MHA are the other courses that will be omitted from the EMHA.

iv. Evidence of employment opportunities for graduates (state and national)

According to the Bureau of Labor Statistics (BLS), the number of health care managers in the U.S. is expected to grow by 23% by 2022. This is considered by the Bureau to be "much faster than average". BLS projections are based on, in part, the growing and active baby-boom population (<http://www.bls.gov/ooh/management/medical-and-health-services-managers.htm#tab-6>). Therefore, people are living longer. The old-age population (age 85 and up) is the fastest growing demographic in the country, experiencing the largest growth rate for people age 65+ residing in the United States (https://www.census.gov/newsroom/releases/archives/2010_census/cb11-cn192.html). Thus, the healthcare industry as a whole will see an increase in the demand for medical services, increasing the number of physicians, patients, and procedures, as well as in the number of facilities. Health administration professionals will be needed to organize and manage medical information and staffs in the healthcare industry. There will likely be increased demand for nursing care facility administrators as baby boomers age. It is also expected that employment will grow in physician and other ambulatory care practices many hospital based services are shifted to the outpatient setting. Demand in medical group practice management is expected to grow as medical group practices become larger and more complex. One major trend in health care is the growing acquisition physician practices by for-profit and non-profit health care corporations (<http://medicaleconomics.modernmedicine.com/medical-economics/content/tags/buying-practices/practice-acquisitions-what-physicians-need-know?page=full>). Median income reported by the BLS for this group is \$88,850 per year (based on a report of 315,000 in the labor force). Forbes Magazine lists the MHA as "the seventh best Masters degree" in 2014 (retrieved from: <http://www.forbes.com/sites/kathryndill/2014/06/12/the-best-and-worst-masters-degrees-for-jobs-in-2014/>, November 5, 2015) . According to the Bureau of Labor Statistics, health care administrators earned, on average, more than \$92,000 in 2014 (retrieved from:

<http://www.bls.gov/oes/current/oes119111.htm>). Senior level executives in the health care industry have significantly higher earnings. Average total cash compensation, including bonuses and incentives, for all hospital executive titles (54 job positions) in 2014 was \$319,400, a 2.3% increase from \$312,300 for those same titles in 2013 (retrieved from: <http://www.modernhealthcare.com/article/20140809/MAGAZINE/308099980>). Opportunities for higher earnings provide incentives for individuals seeking a degree in the Executive Master for Health Care Administration. Health care executives with a master's degree report a 25% higher income than those with only a bachelor's degree. In the recently released Health Care Careers in Nevada 2014-2015, there are nearly 2,000 health care administrators in Nevada with an average salary of \$103,110 per year (http://medicine.nevada.edu/Documents/unsom/statewide/reports/Health_Care_Careers_in_Nevada_2014-2015.pdf). They estimate an average of 70 openings per year. It is also quite evident that the recruitment of high quality students to the EMHA will also build an important pipeline that is capable of significant philanthropic giving.

To validate the potential opportunities for participants in this program, one can compare the job placement rate for students completing the regular MHA program offered by the department. The employment rate for those graduates, including graduates without experience prior to enrolling in the program has been very high. For example, more than 90% of graduates from the MHA program over the last two years have secured employment. We are currently conducting an analysis to determine income levels and job growth for all students who have completed the standard MHA degree.

v. Student clientele to be served (Explain how the student clientele is identified)

This program will specifically target health care administrators and health care professionals. Potential students must have a minimum of a bachelor's degree in any field, plus they must currently be employed in a health care organization with at least three years of health care administration or managerial experience. We also intend to target health care professionals whose careers or practices would benefit from having a degree in health care administration. The EMHA program will hire a program director who will, in addition to other responsibilities, market this degree to health care professionals and health care organizations. The number of health care organizations throughout Nevada and the United States with potential students who would benefit from this program is substantial. They include employees in hospitals, large group physician practices, rehabilitation facilities, outpatient surgical centers, health insurance plan administrators, managed care organizations and long term care organizations, to name a few.

G. Detailed curriculum proposal

i. Representative course of study by year (options, courses to be used with/without modification; new courses to be developed)

Courses to be offered in this program are currently offered in the Master of Health Care Administration Program at UNLV. Many are online courses and will need only minor modifications for the target students. There will be an addition of a capstone course, i.e., culminating experience.

The department proposes fall 2016 for the initial cohorts. All subsequent cohorts will begin during summer term. The schedule below stipulates the order in which courses will be taken when the program reverts to its normal summer admission.

EMHA Course Guide – Courses are listed in sequence. Please note that these courses are based on existing courses with the prefix changed to indicate the Executive Master program.

Year 1, Summer

EHCA 701 - U.S. Health Care System: Programs and Policies

EHCA 702 - Epidemiology in Health Services Management

EHCA 703 - Management of Health Service Organizations and Systems

Year 1, Fall

EHCA 716 - Health Care Accounting and Finance

EHCA 717 - Human Resources Management of Health Care Organizations

Year 1, Spring

EHCA 718 - Health Care Economics

EHCA 719 - Operations and Quality Management of Health Services

Year 2, Summer

EHCA 720 - Information Systems in Health Services Management

EHCA 721 - Advanced Health Care Finance

EHCA 730 - Strategic Management of Health Services

Year 2, Fall

EHCA 761 - Health Care Law and Ethics for Managers

Culminating Experience:

EHCA 779 – HCA Capstone Course (final semester)

ii. Program entrance requirements

Students must have, at a minimum, a bachelor's degree from an accredited institution; three years experience in a managerial or administrative setting; submit a resume; submit a one to two page personal essay describing their current work experience and future goals that can be realized by completing the EMHA; and submit three letters of recommendation. In addition, a satisfactory score on the Test of English as a Foreign Language (TOEFL) is required for applicants whose first language is not English. The EMHA students must hold supervisory positions, have some responsibility over health care operations, and must have at least five years of professional experience and/or three years of direct managerial experience. Candidates must also provide proof of current job experience which can be met through a letter of support from their HR department or job supervisor.

iii. Program completion requirements (credit hours, grade point average; subject matter distribution, preprogram requirements)

Students must complete the 36 credit hours required by the program and maintain a 3.0 GPA or better. Students must have a working knowledge of general accounting as a pre-requisite for EHCA 716. Students may complete an additional course, EHCA 700 Introduction to Health Care Finance, to meet that criteria.

iv. Accreditation consideration (organization (if any) which accredits program, requirements for accreditation, plan for attaining accreditation - include costs and time frame)

Eventually, the program will apply to the Commission for Accreditation of Health Care Management Education (CAHME). CAHME is in the process of revising its standards for online programs so any application for accreditation will await those final guidelines. Application to CAHME cannot be made until after the graduation of the first cohort. The program will consider applying to CAHME by Spring 2018 at the earliest, for candidacy. If approved for candidacy, the program has five years in the candidacy process to apply for full accreditation. Cost of accreditation is approximately \$10,000.

v. Evidence of approval by appropriate committees of the institution

This program proposal was reviewed by the UNLV School of Community Health Sciences (SCHS) Curriculum and Program Review Committee on November 10, 2015. It was submitted

to the UNLV Graduate College Program Review Committee for their November 2015 meeting and was approved. Minutes of the review of this program by the SCHS Curriculum and Program Review Committee are available.

H. Readiness to begin program

i. Faculty strengths (specializations, teaching, research, and creative accomplishments)

Currently, the Department of Health Care Administration and Policy has six full-time tenured and tenure-track lines, one Faculty in Residence (FIR) and one full-time instructor. Five of the lines are filled and the program is recruiting for an additional tenured/tenure track faculty member at the associate or assistant professor level. All faculty currently teach the courses in this proposal for the MHA. All are also involved in research activities related to the core discipline including finance, access to care, quality improvement, long-term care, patient safety, health care marketing, health care policy, organizational structure, information systems and health information technology, predictive analytics, and community health.

ii. Contribution of new program to department's existing programs (both graduate and undergraduate) and contribution to existing programs throughout the college or university

The Department of Health Care Administration and Policy currently has an undergraduate program in health care administration as well as a Masters of Health Care Administration (MHA). The undergraduate program is certified by the Association of University Programs in Health Administration (AUPHA) and is a graduate member of the AUPHA. The program has applied for candidacy status for accreditation by the Commission for Accreditation of Health Care Management Education (CAHME). That application is currently under review.

The program also provides a health care administration track in the Master of Public Health which is accredited by the Commission on Education in Public Health; and, a Ph.D. in Public Health with a Health Care Administration emphasis.

iii. Completed prior planning for the development of the program (recent hires, plans for future hires, securing of space, curricular changes, and reallocation of faculty lines)

The program has budgeted most of the costs for expansion of the program to the department based on the fee differentials submitted with this new program proposal. The differential fee will be used to cover the personnel expenses and marketing expenses. The personnel expenses include salaries and fringe benefits of a newly created program director and a new tenure track faculty position, as well as the existing faculty's teaching loads associated with the EMHA program. The university will be funding the two new projected positions until the program becomes self-sufficient by year five as proposed in the program's budget.

Other planned use of the Executive Master for Healthcare Administration differential fee and the proposed \$50 per credit program fee would cover general support for operating the program.

The department has also made a request for one additional FIR to assist in teaching other courses in the department or specialty courses within the EMHA. The program will need to obtain at least three additional office spaces for proposed new hires and will work with facilities management to secure appropriate office space for the new hires. The program is also considering re-assigning faculty to teach at least one course in the EMHA during the academic year as well as giving them an option of teaching one summer term course.

iv. Recommendations from prior program review and/or accreditation review teams

Not applicable

v. Organizational arrangements that must be made within the institution to accommodate the program

The program does not anticipate any major organizational arrangements to accommodate the program. On campus meetings will be conducted "between semesters" when there are few students on campus. Since all classes will be handled in an online environment, no additional classroom accommodations are needed. There will be the need for ongoing support for UNLV online education to periodically update the course content, but most of these updates can be handled by program faculty. Software licensing fees may be needed for specific course software and the program is considering purchasing computer notebooks for students with installed software with licensing expirations.

I. Resource Analysis

i. Proposed source of funds (enrollment-generated state funds, reallocation of existing funds, grants, other state funds)

Funds for this program will be enrollment-generated. A proposal for tuition fee differentials has been submitted to the Nevada System of Higher Education Board of Regents for approval in conjunction with this program.

ii. Each new program approved must be reviewed for adequate full-time equivalent (FTE) to support the program in the fifth year. Indicate if enrollments represent 1) students formally admitted to the program, 2) declared majors in the program, or 3) course enrollments in the program.

a. (1) Full-time equivalent (FTE) enrollment in the Fall semester of the first, third, and fifth year.

1st Fall semester 10

3rd Fall semester 30

5th Fall semester 35

(2) Explain the methodology/assumptions used in determining projected FTE figures.

Credits taken per semester will vary in this program. The first cohort of students will take credits as follows:

Year 1

Fall Spring

6 9

Year 2

Summer Fall Spring

6 6 9

Due to this structure, section a. (1) is student headcount.

The proposed enrollment for fall 2016 will be 10 students. In years two through four the program has targeted an enrollment of 15 students. In year five, the program anticipates increasing enrollment to 20 students. Depending on the demand, the program will consider enrollment increases. The methodology used does not account for any students who drop out of the program or who need more time to complete the degree. However, the program can consider expanding enrollments to accommodate for non-matriculation.

b. (1) Unduplicated headcount in the Fall semester of the first, third, and fifth year.

1st Fall semester 10

3rd Fall semester 30

5th Fall semester 35

(2) Explain the methodology/assumptions used in determining projected headcount figures.

Although the program is designed as an accelerated program, it is assumed that not all students will complete the program within the first cycle. First year enrollment will be limited to 10 students. The first cohort (first fall semester) should be graduated by the time of third fall semester. In year two, the program will expand the cohort to 15 students and maintain that cohort size until year five when we anticipate expanding the cohort to 20 students. The program plans to expand the cohort to 20 students in year five and coupled with the year four admissions should result in 35 unduplicated headcount. Although the program is targeted as a full-time accelerated program, we have not accounted for any students who may drop out or who may not be able to meet the full-time schedule. The table below depicts the methodology for students for the years described above:

	2016	2017	2018	2019	2020
No. Students					
- Enrollment	10	15	15	15	20
- Total	10	25	30	30	35
- Graduation	0	0	10	15	20

iii. Budget Projections – Complete and attach the Five-Year Budget Projection Table.

See separate attachment

J. Facilities and equipment required

i. Existing facilities: type of space required, number of assignable square feet, space utilization assumptions, special requirements, modifications, effect on present programs

The school will work with facilities management to secure additional office space needed for the new hires.

ii. Additional facilities required: number of assignable square feet, description of space required, special requirements, time sequence assumed for securing required space

No additional facilities will be required.

iii. Existing and additional equipment required

Computers for program director and faculty. Video conferencing equipment; computer lab enhancement; teleconference capabilities.

K. Student services required – Plans to provide student services, including advisement, to accommodate the program, including its implications for services to the rest of the student body

Advising will be provided by the program director budgeted into this proposal.

L. Consultant Reports – If a consultant was hired to assist in the development of the program, please complete subsections A through C. A copy of the consultant’s final report must be on record at the requesting institution.

i. Names, qualifications and affiliations of consultant(s) used
NA

ii. Consultant’s summary comments and recommendations
NA

iii. Summary of proposer's response to consultants
NA

M. Articulation Agreements

i. Articulation agreements were successfully completed with the following NSHE institutions. (Attach copies of agreements)
NA

ii. Articulation agreements have not yet been established with the following NSHE institutions. (Indicate status)
NA

iii. Articulation agreements are not applicable for the following institutions. (Indicate reasons)
NA

N. Summary Statement

This new program is anticipated to be self-sustaining by the fifth year of operation. The program will provide alternatives to health care professionals and administrators in Nevada who are resorting to higher cost private institutions. The program proposal follows the scope of the existing program, but resembles other executive degree type programs in number of credits, use of online education, and accelerated degree programs geared to working professionals.

**New Academic Program Proposal
Five-Year Program Cost Estimate
(Revised December 2015)**

Institution: UNLV

Program: sec. Master for Health Care Admi

Semester of Implementation: _____

Fall 2016

DIRECTIONS: Complete the Student FTE and following cost estimates for the first, third, and fifth for the proposed new program in Section A. Any "new" costs in year one must be noted by source in Section B.

STUDENT FTE:

Year 1: 10

Year 3: 30

Year 5: 35

Section A.

	Year 1/Start-up				Year 3		Year 5	
	Existing ¹	New ²	Total	FTE	Total	FTE	Total	FTE
PERSONNEL								
Faculty (<i>salaries/benefits</i>) ³	30,000	0	30,000	0.2	150,500	1.2	266,000	2.0
Graduate Assistants	0	0	0	0.0	0	0.0	22,155	0.5
Support Staff	87,100	0	87,100	1.0	88,842	1.0	94,280	1.0
Personnel Total	\$117,100	\$0	\$117,100	1.2	\$239,342	2.2	\$382,435	3.5
OTHER EXPENSES								
Library Materials (<i>printed</i>)	0	0	0		0		0	
Library Materials (<i>electronic</i>)	0	0	0		0		0	
Supplies/Operating Expenses	32,000	0	32,000		46,000		50,644	
Equipment	0	0	0		0		0	
Other Expenses	0	0	0		0		0	
Other Expenses Total	\$32,000	\$0	\$32,000		\$46,000		\$50,644	
TOTAL	\$149,100	\$0	\$149,100		\$285,342		\$433,079	

Section B.

	Amount		%
	Amount	%	
EXPLANATION OF "NEW" SOURCES²			
Tuition/Registration Fees	0		
Federal Grants/Contracts	0		
State Grants/Contracts	0		
Private Grants/Contracts	0		
Private Gifts	0		
Other (<i>please specify</i>)	0		
TOTAL	\$0		0.0%

¹Resources allocated from existing programs to the proposed program in Year 1 should be noted in the "Existing" column.

²Any "New" resource utilized to fund a new program must include the source to be provided in the "Explanation of New Sources" section. Total "New" sources for the first year must equal the total under "Explanation of New Sources."

³Budget estimates for faculty salaries and benefits must include estimated merit and COLA increases in Year 3 and Year 5.

EXPLANATION (Please provide any additional information pertinent to the budget projection, including for example, explain for any new funding sources that are not guaranteed receipt by the institutions how the program will make-up for the potential loss in expected new funding.):

2.2.2016

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