

(HT0) DEPARTMENT OF HEALTH CARE FINANCE

MISSION

The mission of the Department of Health Care Finance (DHCF) is to improve health outcomes by providing access to comprehensive, cost-effective, and quality health care services for residents of the District of Columbia.

CAPITAL PROGRAM OBJECTIVES

DC Access System (DCAS)

As an umbrella eligibility and enrollment system for Health and Human Services, DCAS provides access to cross agency automated databases for case data, such as demographics, beneficiary data, and benefit issuance; which will allow new case information data to be added. The system will also determine Medicaid eligibility.

Medicaid Management Information System (MMIS)

The Centers for Medicare and Medicaid Services (CMS) requires each Medicaid state and the District to maintain and operate a Medicaid Management Information System (MMIS). The MMIS serves as the District's Medicaid claims processing engine and supports DHCF staff in their day-to-day duties. CMS requires that the system technology be refreshed every five years to ensure it is up to date and contracts are completed openly. To remain compliant with CMS, the District must begin procuring a new MMIS.

United Medical Center

Assist the Mayor, Council, and consultant team in evaluation of the operational and facility needs of United Medical Center.

Elements on this page of the Agency Summary include:

- **Funding Tables:** Past budget allotments show the allotment balance, calculated as allotments received to date less all obligations (the sum of expenditures, encumbrances, intra-District advances and pre-encumbrances). Agencies are allowed to encumber and pre-encumber funds up to the limit of a capital project’s budget authority, which might be higher than allotments received to date. For this reason, a negative balance on a project sheet does not necessarily indicate overspending or an anti-deficiency violation. A negative balance is permitted in this calculation of remaining allotment authority.
- **Additional Appropriations Data (\$000):** Provides a summary of the budget authority over the life of the project. The table can be read as follows:
 - › **Original 6-Year Budget Authority:** Represents the authority from the fiscal year in which budget was first appropriated through the next 5 years.
 - › **Budget Authority Through FY 2023 :** Represents the lifetime budget authority, including the 6-year budget authority for FY 2018 through FY 2023.
 - › **FY 2018 Budget Authority Revisions:** Represents the changes to the budget authority as a result of reprogramming, redirections and rescissions (also reflected in Appendix F) for the current fiscal year.
 - › **6-Year Budget Authority Through FY 2023 :** This is the total 6-year authority for FY 2018 through FY 2023 including changes from the current fiscal year.
 - › **Budget Authority Request Through FY 2024 :** Represents the 6-year budget authority for FY 2019 through FY 2024.
 - › **Increase (Decrease) :** This is the change in 6-year budget requested for FY 2019 - FY 2024 (change in budget authority is shown in Appendix A).
- **Estimated Operating Impact:** If a project has operating impacts that the agency has quantified, the effects are summarized in the respective year of impact.
- **FTE Data (Total budget in FTE Table might differ from actual budget due to rounding):** Provides the number for Full-Time Equivalent (FTE) employees approved as eligible to be charged to capital projects by, or on behalf of, the agency. Additionally, it provides the total budget for these employees (Personal Services), the non personnel portion of the budget in the agency’s capital plan, and the percentage of the agency CIP budget from either expense category.
- **Facility Location Map:** For those agencies with facilities projects, a map reflecting projects and their geographic location within the District of Columbia.

(Dollars in Thousands)

Phase	Funding By Phase - Prior Funding					Proposed Funding						
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	6 Yr Total
(00) Feasibility Studies	41,501	40,720	1	0	779	0	0	0	0	0	0	0
(01) Design	7,761	3,702	1,187	0	2,872	0	0	0	0	0	0	0
(04) Construction	25,809	14,188	12,335	0	-714	13,650	50,500	75,000	89,300	111,800	0	340,250
(06) IT Requirements Development/Systems Design	277,799	71,448	25,373	2,980	177,998	14,875	21,364	11,164	20,079	18,464	5,000	90,948
TOTALS	352,869	130,057	38,897	2,980	180,935	28,525	71,864	86,164	109,379	130,264	5,000	431,198

Source	Funding By Source - Prior Funding					Proposed Funding						
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	6 Yr Total
GO Bonds - New (0300)	55,715	43,989	384	0	11,342	4,500	4,500	3,000	2,300	0	0	14,300
Pay Go (0301)	25,238	16,473	13,065	277	-4,577	0	0	0	0	0	0	0
Short-Term Bonds – (0304)	22,061	7,183	7,244	23	7,611	15,025	21,364	11,164	20,079	18,464	5,000	91,098
Taxable Bonds – (0309)	0	0	0	0	0	9,000	46,000	72,000	87,000	111,800	0	325,800
LRMF - Bus Shelter Ad Revenue (0333)	810	810	0	0	0	0	0	0	0	0	0	0
Federal (0350)	249,045	61,603	18,203	2,680	166,559	0	0	0	0	0	0	0
TOTALS	352,869	130,057	38,897	2,980	180,935	28,525	71,864	86,164	109,379	130,264	5,000	431,198

Additional Appropriation Data		Estimated Operating Impact Summary					
		Expenditure (+) or Cost Reduction (-)					6 Year Total
		FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
First Appropriation FY	2010						
Original 6-Year Budget Authority	605,757						
Budget Authority Through FY 2023	598,652						
FY 2018 Budget Authority Changes							
Miscellaneous	78,632						
6-Year Budget Authority Through FY 2023	677,284						
Budget Authority Request Through FY 2024	784,067						
Increase (Decrease)	106,783						
		932	0	0	0	0	932
		26	0	0	0	0	26
		TOTAL	958	0	0	0	958

Full Time Equivalent Data			
Object	FTE	FY 2019 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	28,525	100.0

HT0-MES23-DCAS RELEASE 3

Agency: DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Implementing Agency: DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Project No: MES23
Ward:
Location: DISTRICT-WIDE
Facility Name or Identifier: INFORMATION TECHNOLOGY
Status: Ongoing Subprojects
Useful Life of the Project:
Estimated Full Funding Cost: \$216,314,000

Description:

District of Columbia Access System release 3.

Justification:

Release 3 of joint project between DHCF, DHS, and HBX for a District-wide eligibility determination system (DCAS).

Progress Assessment:

On-going project

Related Projects:

MES12C-Medicaid Eligibility System, DCASCA - DCAS Capital Intra-District, MES22C

(Dollars in Thousands)

Phase	Funding By Phase - Prior Funding					Proposed Funding						
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	6 Yr Total
(06) IT Requirements Development/Systems Design	125,366	8,751	19,452	211	96,952	14,875	21,364	11,164	20,079	18,464	5,000	90,948
TOTALS	125,366	8,751	19,452	211	96,952	14,875	21,364	11,164	20,079	18,464	5,000	90,948

Source	Funding By Source - Prior Funding					Proposed Funding						
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	6 Yr Total
Short-Term Bonds – (0304)	20,309	7,183	7,244	23	5,860	14,875	21,364	11,164	20,079	18,464	5,000	90,948
Federal (0350)	105,056	1,568	12,208	188	91,092	0	0	0	0	0	0	0
TOTALS	125,366	8,751	19,452	211	96,952	14,875	21,364	11,164	20,079	18,464	5,000	90,948

Additional Appropriation Data

First Appropriation FY	2017
Original 6-Year Budget Authority	54,563
Budget Authority Through FY 2023	54,563
FY 2018 Budget Authority Changes	
Miscellaneous	78,218
6-Year Budget Authority Through FY 2023	132,780
Budget Authority Request Through FY 2024	216,314
Increase (Decrease)	83,533

Estimated Operating Impact Summary

Expenditure (+) or Cost Reduction (-)	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	6 Yr Total
No estimated operating impact							

Milestone Data

	Projected	Actual
Environmental Approvals		
Design Start (FY)	01/1/2017	
Design Complete (FY)	09/1/2017	
Construction Start (FY)	10/1/2017	
Construction Complete (FY)	09/30/2024	
Closeout (FY)	12/31/2024	

Full Time Equivalent Data

Object	FTE	FY 2019 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	14,875	100.0

HT0-CM102-REPLACE CASE MANAGEMENT SYSTEM

Agency: DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Implementing Agency: DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Project No: CM102
Ward:
Location: DISTRICT-WIDE
Facility Name or Identifier: INFORMATION TECHNOLOGY
Status: Ongoing Subprojects
Useful Life of the Project: 5
Estimated Full Funding Cost: \$5,632,000

Description:

Implementation of a case management system to track the activities related to beneficiaries enrolled in the EPD Waiver and other programs managed by DHCF. This proposal is to replace the existing case management system with one that can track EPD Waiver beneficiaries as well as those in other DHCF managed programs, has all of the additional functionality needed, and is integrated with the claims processing system(MMIS). DHCF's current case management system for tracking beneficiaries in the waiver for the elderly and people with disabilities (EPD Waiver) is antiquated, lacks key functionality, and is not integrated with MMIS. Additionally, in December 2016, Congress enacted the 21st Century Cures Act. Section 12006 of the Act requires States to implement electronic visit verification (EVV) for Medicaid-financed Personal Care Services and Home Health Services.

Justification:

Implementation of the Case Management System would enable DHCF to track the activities related to beneficiaries enrolled in the EPD Waiver and other programs managed by DHCF. DHCF's current case management system for tracking beneficiaries in the waiver for the elderly and people with disabilities (EPD Waiver) lacks key functionality, and is not integrated with the claims processing system (MMIS).

Progress Assessment:

On-going project

Related Projects:

MPM03C-MMIS Upgraded System

(Dollars in Thousands)

Funding By Phase - Prior Funding						Proposed Funding						
Phase	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	6 Yr Total
(01) Design	5,482	1,406	1,187	0	2,889	0	0	0	0	0	0	0
(04) Construction	0	0	0	0	0	150	0	0	0	0	0	150
TOTALS	5,482	1,406	1,187	0	2,889	150	0	0	0	0	0	150

Funding By Source - Prior Funding						Proposed Funding						
Source	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	6 Yr Total
GO Bonds - New (0300)	950	141	119	0	691	0	0	0	0	0	0	0
Pay Go (0301)	257	0	0	0	257	0	0	0	0	0	0	0
Short-Term Bonds - (0304)	0	0	0	0	0	150	0	0	0	0	0	150
Federal (0350)	4,275	1,265	1,068	0	1,942	0	0	0	0	0	0	0
TOTALS	5,482	1,406	1,187	0	2,889	150	0	0	0	0	0	150

Additional Appropriation Data

First Appropriation FY	2015
Original 6-Year Budget Authority	5,007
Budget Authority Through FY 2023	5,482
FY 2018 Budget Authority Changes	0
6-Year Budget Authority Through FY 2023	5,482
Budget Authority Request Through FY 2024	5,632
Increase (Decrease)	150

Estimated Operating Impact Summary

Expenditure (+) or Cost Reduction (-)	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	6 Yr Total
No estimated operating impact							

Milestone Data

	Projected	Actual
Environmental Approvals		
Design Start (FY)	05/16/2017	05/16/2017
Design Complete (FY)	09/30/2017	
Construction Start (FY)	10/1/2017	
Construction Complete (FY)	06/1/2019	
Closeout (FY)	09/30/2019	

Full Time Equivalent Data

Object	FTE	FY 2019 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	150	100.0

HT0-UMV01-SAINT ELIZABETHS MEDICAL CENTER

Agency: DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Implementing Agency: DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Project No: UMV01
Ward: 8
Location: ST. ELIZABETHS CAMPUS
Facility Name or Identifier: MEDICAL CENTER
Status: New
Useful Life of the Project: 30
Estimated Full Funding Cost: \$325,800,000

Description:

The Office of the City Administrator, in coordination with the Department of Health Care Finance, Department of Health, and the Office of the Deputy Mayor for Planning and Economic Development, will develop a plan to partner with a financially strong, high quality health care institution to build a new acute care hospital and ancillary facilities on the Saint Elizabeths East Campus. The hospital shall include a financially viable inpatient facility, emergency department and ambulatory care pavilion, parking, retail, medical office space and necessary diagnostic facilities for all District residents. The final hospital size and services to be provided will be determined in coordination with the future hospital partner and long-term operator and based on the reports completed on behalf of the District.

The hospital will include partnerships with community providers to build a system of care and comprehensive strategy for providing high quality health services to all District residents – with a focus on the residents and communities of Wards 7 and 8. In addition, constructing a state-of-the-art hospital on the grounds of the Saint Elizabeths East campus may include entering into a public-private partnership agreement with a private operator.

An enhancement of \$25,800,000 was provided to fund a requirement that the contractor enter into project labor agreements with labor organizations.

Justification:

Building a new hospital with a robust system of care will help address health disparities and improve health outcomes for all District residents, with a focus on residents of Wards 7 and 8. In addition, construction of a state-of-the-art, centrally located, hospital will continue the redevelopment of the St. Elizabeths East campus.

Progress Assessment:

New project

Related Projects:

1. Emergency and Temporary Housing for Men (Project THK19C) – Building a new facility for emergency and temporary housing for men will replace the current facility, 801 East Men’s Homeless Shelter. The new facility on the St. Elizabeths campus is necessary to provide high quality emergency and temporary housing for men with daytime and health services. The current facility is beyond its useful life and cannot accommodate the necessary programming space needed to effectively serve residents experiencing homelessness. Building a new facility will allow the new hospital to be situated appropriately on Parcel 2 of the St. Elizabeths campus.

2. St. Elizabeths Infrastructure (Project AWR01C)

(Dollars in Thousands)

Phase	Funding By Phase - Prior Funding					Proposed Funding						
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	6 Yr Total
(04) Construction	0	0	0	0	0	9,000	46,000	72,000	87,000	111,800	0	325,800
TOTALS	0	0	0	0	0	9,000	46,000	72,000	87,000	111,800	0	325,800

Source	Funding By Source - Prior Funding					Proposed Funding						
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	6 Yr Total
Taxable Bonds – (0309)	0	0	0	0	0	9,000	46,000	72,000	87,000	111,800	0	325,800
TOTALS	0	0	0	0	0	9,000	46,000	72,000	87,000	111,800	0	325,800

Additional Appropriation Data

First Appropriation FY	2018
Original 6-Year Budget Authority	300,000
Budget Authority Through FY 2023	300,000
FY 2018 Budget Authority Changes	0
6-Year Budget Authority Through FY 2023	300,000
Budget Authority Request Through FY 2024	325,800
Increase (Decrease)	25,800

Estimated Operating Impact Summary

Expenditure (+) or Cost Reduction (-)	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	6 Yr Total
No estimated operating impact							

Milestone Data

	Projected	Actual
Environmental Approvals		
Design Start (FY)		
Design Complete (FY)		
Construction Start (FY)		
Construction Complete (FY)		
Closeout (FY)		

Full Time Equivalent Data

Object	FTE	FY 2019 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	9,000	100.0

HT0-UMC02-UNITED MEDICAL CENTER IMPROVEMENTS

Agency: DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Implementing Agency: DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Project No: UMC02
Ward: 8
Location: 1310 SOUTHERN AVENUE SE
Facility Name or Identifier: UNITED MEDICAL CENTER
Status: Ongoing Subprojects
Useful Life of the Project: 30
Estimated Full Funding Cost: \$81,593,000

Description:

The purpose of the project budget is to support the costs of capital improvements at the existing hospital facility, United Medical Center (UMC). The proposed cost and scope of the improvements should be reviewed and approved by DHCF and will be performed by UMC management.

Justification:

Huron Consulting Group states that "UMC Facilities are in relatively good condition" and that "investments to make the facilities competitive without other District providers could differentiate UMC and attract (Primary Service Area) PSA residents."

Progress Assessment:

On-going project

Related Projects:

UMV01C-East End Medical Center

(Dollars in Thousands)

Funding By Phase - Prior Funding						Proposed Funding						
Phase	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	6 Yr Total
(00) Feasibility Studies	41,501	40,720	1	0	779	0	0	0	0	0	0	0
(04) Construction	25,792	14,188	12,335	0	-731	4,500	4,500	3,000	2,300	0	0	14,300
TOTALS	67,293	54,908	12,336	0	48	4,500	4,500	3,000	2,300	0	0	14,300

Funding By Source - Prior Funding						Proposed Funding						
Source	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	6 Yr Total
GO Bonds - New (0300)	46,055	40,720	1	0	5,333	4,500	4,500	3,000	2,300	0	0	14,300
Pay Go (0301)	21,238	14,188	12,335	0	-5,285	0	0	0	0	0	0	0
TOTALS	67,293	54,908	12,336	0	48	4,500	4,500	3,000	2,300	0	0	14,300

Additional Appropriation Data

First Appropriation FY	2015
Original 6-Year Budget Authority	52,383
Budget Authority Through FY 2023	84,293
FY 2018 Budget Authority Changes	0
6-Year Budget Authority Through FY 2023	84,293
Budget Authority Request Through FY 2024	81,593
Increase (Decrease)	-2,700

Estimated Operating Impact Summary

Expenditure (+) or Cost Reduction (-)	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	6 Yr Total
No estimated operating impact							

Milestone Data

	Projected	Actual
Environmental Approvals		
Design Start (FY)		
Design Complete (FY)		
Construction Start (FY)		
Construction Complete (FY)		
Closeout (FY)		

Full Time Equivalent Data

Object	FTE	FY 2019 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	4,500	100.0