(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 2026 :** Represents the lifetime budget authority, including the 6-year budget authority for FY 2021 through FY 2026.

  ‣ **FY 2021 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 2026 :** This is the total 6-year authority for FY 2021 through FY 2026 including changes from the current fiscal year.

  ‣ **Budget Authority Request Through FY 2027 :** Represents the 6-year budget authority for FY 2022 through FY 2027.

  ‣ **Increase (Decrease) :** This is the change in 6-year budget requested for FY 2022 - FY 2027 (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	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
Funding By Phase - Prior Funding						**Approved Funding**						
(00) Feasibility Studies	41,501	41,445	56	0	0	0	0	0	0	0	0	0
(01) Design	7,778	6,741	49	0	989	0	0	0	0	0	0	0
(04) Construction	75,687	30,152	25,049	0	20,487	114,300	126,000	87,900	0	0	0	328,200
(06) IT Requirements Development/Systems Design	373,788	221,271	38,849	3,094	110,574	10,922	1,475	1,475	0	0	0	13,872
TOTALS	**498,754**	**299,608**	**64,002**	**3,094**	**132,050**	**125,222**	**127,475**	**89,375**	**0**	**0**	**0**	**342,072**

Source	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
Funding By Source - Prior Funding						**Approved Funding**						
GO Bonds - New (0300)	70,882	55,010	6,151	0	9,721	6,424	1,475	1,475	0	0	0	9,374
Pay Go (0301)	25,441	22,133	2,068	277	964	0	0	0	0	0	0	0
Short-Term Bonds – (0304)	45,723	33,427	6,773	33	5,491	4,497	0	0	0	0	0	4,497
Taxable Bonds – (0309)	36,800	2,852	17,504	0	16,444	114,300	126,000	87,900	0	0	0	328,200
LRMF - Bus Shelter Ad Revenue (0333)	810	810	0	0	0	0	0	0	0	0	0	0
Federal (0350)	319,097	185,377	31,505	2,785	99,431	0	0	0	0	0	0	0
TOTALS	**498,754**	**299,608**	**64,002**	**3,094**	**132,050**	**125,222**	**127,475**	**89,375**	**0**	**0**	**0**	**342,072**

Additional Appropriation Data

First Appropriation FY	2010
Original 6-Year Budget Authority	571,913
Budget Authority Through FY 2026	790,154
FY 2021 Budget Authority Changes	
Miscellaneous	36,800
6-Year Budget Authority Through FY 2026	826,954
Budget Authority Request Through FY 2027	840,825
Increase (Decrease)	13,872

Estimated Operating Impact Summary

Expenditure (+) or Cost Reduction (-)	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Year Total
IT	8,837	8,837	8,837	8,837	8,837	8,837	53,020
TOTAL	**8,837**	**8,837**	**8,837**	**8,837**	**8,837**	**8,837**	**53,020**

Full Time Equivalent Data

Object	FTE	FY 2022 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	125,222	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:	$197,952,000
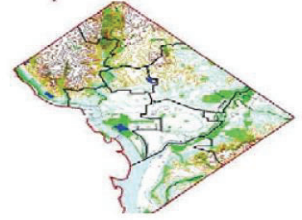
Description:

District of Columbia Access System release 3. This system is a multi-agency eligibility tool that fulfills the District's no wrong door initiative. Release 3 is the last phase of the project and will be completed by the conclusion of FY22.

Justification:

Release 3 of joint project between DHCF, DHS, and HBX for a District-wide eligibility determination system. This system supports the District's no wrong door initiative and is nearing the completion of the DDI phase.

Progress Assessment:

This project will complete the DDI phase (capital funded portion) at the end of FY22. This is sooner than previously submitted timelines.

Related Projects:

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

(Dollars in Thousands)

Funding By Phase - Prior Funding						Approved Funding						
Phase	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
(06) IT Requirements Development/Systems Design	193,455	149,357	34,180	325	9,593	4,497	0	0	0	0	0	4,497
TOTALS	**193,455**	**149,357**	**34,180**	**325**	**9,593**	**4,497**	**0**	**0**	**0**	**0**	**0**	**4,497**

Funding By Source - Prior Funding						Approved Funding						
Source	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
Short-Term Bonds – (0304)	40,847	33,326	6,773	33	715	4,497	0	0	0	0	0	4,497
Federal (0350)	152,608	116,030	27,406	293	8,879	0	0	0	0	0	0	0
TOTALS	**193,455**	**149,357**	**34,180**	**325**	**9,593**	**4,497**	**0**	**0**	**0**	**0**	**0**	**4,497**

Additional Appropriation Data	
First Appropriation FY	2017
Original 6-Year Budget Authority	62,175
Budget Authority Through FY 2026	193,455
FY 2021 Budget Authority Changes	0
6-Year Budget Authority Through FY 2026	193,455
Budget Authority Request Through FY 2027	197,952
Increase (Decrease)	4,497

Estimated Operating Impact Summary							
Expenditure (+) or Cost Reduction (-)	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Year Total
IT	5,900	5,900	5,900	5,900	5,900	5,900	35,400
TOTAL	**5,900**	**5,900**	**5,900**	**5,900**	**5,900**	**5,900**	**35,400**

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)	09/30/2021	06/30/2022
Closeout (FY)	09/30/2022	09/30/2022

Full Time Equivalent Data			
Object	FTE	FY 2022 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	4,497	100.0

HT0-DIM01-ENTERPRISE DATA INTEGRATION SYSTEM/MEDICAID ENTERP

Agency:	DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Implementing Agency:	DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Project No:	DIM01
Ward:	
Location:	441 4TH STREET NW
Facility Name or Identifier:	INFORMATION TECHNOLOGY
Status:	New
Useful Life of the Project:	5
Estimated Full Funding Cost:	$3,674,000

Description:

The Enterprise Data Integration System (EDIS) will allow the ability to look across programs and develop a more comprehensive (360º) view of its performance relative to its mission "to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare." Current DHCF Medicaid Management Information Systems were built as independent solutions by different vendors using different foundational technologies and database systems and the full benefits of these investments will not be realized without their integration. The EDIS will allow DHCF to combine data residing in different sources to provide users with a real-time view of business performance.

DHCF's need to establish and situationally expand its Medicaid Enterprise System (MES) is consistent with recent CMS guidance and encouragement for states to modularize their MMIS system and then integrate its modular components as the business need indicates and the technological solutions make feasible. DHCF's need for a well-integrated and interoperable suite of MMIS, MMIS-related and other essential program and key stakeholder IT systems, is also driven by our commitment to continuously seek ways of improving the efficiency and cost effectiveness of the District's overall Medicaid program.

Justification:

This project will allow the agency to capture each health-care-utilization touchpoint of each beneficiary and be able to look at their overall care utilization profiles to design the best case-appropriate and cost-effective program of care for each beneficiary and across the spectrum of beneficiaries. As we finalize the MMIS Core system and look to expand capabilities of the Medicaid Data Warehouse, this is the perfect time to initiate this project.

Progress Assessment:

N/A

Related Projects:

MPM03C, PDM01C, PBM01C, MES23C, MPM05C, CM102C

(Dollars in Thousands)

Funding By Phase - Prior Funding						Approved Funding						
Phase	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
(06) IT Requirements Development/Systems Design	0	0	0	0	0	724	1,475	1,475	0	0	0	3,674
TOTALS	**0**	**0**	**0**	**0**	**0**	**724**	**1,475**	**1,475**	**0**	**0**	**0**	**3,674**

Funding By Source - Prior Funding						Approved Funding						
Source	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
GO Bonds - New (0300)	0	0	0	0	0	724	1,475	1,475	0	0	0	3,674
TOTALS	**0**	**0**	**0**	**0**	**0**	**724**	**1,475**	**1,475**	**0**	**0**	**0**	**3,674**

Additional Appropriation Data

First Appropriation FY	
Original 6-Year Budget Authority	0
Budget Authority Through FY 2026	0
FY 2021 Budget Authority Changes	0
6-Year Budget Authority Through FY 2026	0
Budget Authority Request Through FY 2027	3,674
Increase (Decrease)	3,674

Estimated Operating Impact Summary

Expenditure (+) or Cost Reduction (-)	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
No estimated operating impact							

Milestone Data

	Projected	Actual
Environmental Approvals		
Design Start (FY)	10/1/2020	10/1/2020
Design Complete (FY)	09/30/2021	
Construction Start (FY)	10/1/2021	
Construction Complete (FY)	09/30/2024	
Closeout (FY)	03/31/2025	

Full Time Equivalent Data

Object	FTE	FY 2022 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	724	100.0

HT0-MPM03-MMIS UPGRADED SYSTEM

Agency:	DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Implementing Agency:	DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Project No:	MPM03
Ward:	
Location:	DISTRICT-WIDE
Facility Name or Identifier:	INFORMATION TECHNOLOGY
Status:	In multiple phases
Useful Life of the Project:	5
Estimated Full Funding Cost:	$94,191,000
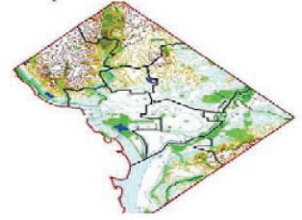
Description:

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 be technology refreshed every 5 years to ensure it is up to date and contracts are competed openly. To remain compliant with CMS the District must procure a new MMIS.

In 2014, CMS issued guidance requiring States to develop a modular MMIS. DHCF has conformed to these requirements and is developing the new system as separate components in three phases: (1) Provider Data Management (2) Case Management; and (3) the Core system.

Provider Data Management System (PDMS) module will need a technology refresh in FY22. The case management system, including the Electronic Visit Verification component, is being built under capital project CM102C. DHCF is currently working on procuring the Core system. In FY16, CMS required that there be a separate Independent Validation & Verification contractor that is also funded through this project.

Justification:

CMS requires that the Medicaid state agency upgrades the MMIS system every 5 years. This is a request in budget allotments for MMIS Core component and to adhere to CMS requirement that there be a separate IV&V contractor.

Progress Assessment:

This is an on-going project.

Related Projects:

PDM01-Provider Data Management System; PBM01-Pharmacy Benefit Manager; MES23C-DCAS RELEASE 3, MPM05C-MEDICAID DATA WAREHOUSE - GO BOND; AP101C-PREDICTIVE ANALYTICS; CM102C-REPLACE CASE MANAGEMENT SYSTEM

(Dollars in Thousands)

Funding By Phase - Prior Funding						Approved Funding						
Phase	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
(06) IT Requirements Development/Systems Design	89,251	11,652	968	0	76,631	4,940	0	0	0	0	0	4,940
TOTALS	**89,251**	**11,652**	**968**	**0**	**76,631**	**4,940**	**0**	**0**	**0**	**0**	**0**	**4,940**

Funding By Source - Prior Funding						Approved Funding						
Source	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
GO Bonds - New (0300)	8,500	2,034	209	0	6,257	4,940	0	0	0	0	0	4,940
Short-Term Bonds – (0304)	4,251	0	0	0	4,251	0	0	0	0	0	0	0
Federal (0350)	76,500	9,618	760	0	66,122	0	0	0	0	0	0	0
TOTALS	**89,251**	**11,652**	**968**	**0**	**76,631**	**4,940**	**0**	**0**	**0**	**0**	**0**	**4,940**

Additional Appropriation Data	
First Appropriation FY	2013
Original 6-Year Budget Authority	61,751
Budget Authority Through FY 2026	89,251
FY 2021 Budget Authority Changes	0
6-Year Budget Authority Through FY 2026	89,251
Budget Authority Request Through FY 2027	94,191
Increase (Decrease)	4,940

Estimated Operating Impact Summary							
Expenditure (+) or Cost Reduction (-)	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Year Total
IT	2,937	2,937	2,937	2,937	2,937	2,937	17,620
TOTAL	**2,937**	**2,937**	**2,937**	**2,937**	**2,937**	**2,937**	**17,620**

Milestone Data	Projected	Actual
Environmental Approvals		
Design Start (FY)	10/1/2013	04/1/2022
Design Complete (FY)	10/1/2014	08/5/2022
Construction Start (FY)	10/1/2015	12/20/2021
Construction Complete (FY)	06/30/2019	02/24/2023
Closeout (FY)	09/30/2023	09/22/2023

Full Time Equivalent Data			
Object	FTE	FY 2022 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	4,940	100.0

HT0-PBM01-PHARMACY BENEFIT MANAGER SYSTEM REFRESH

Agency:	DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Implementing Agency:	DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Project No:	PBM01
Ward:	
Location:	441 4TH STREET NW
Facility Name or Identifier:	INFORMATION TECHNOLOGY
Status:	New
Useful Life of the Project:	5
Estimated Full Funding Cost:	$360,000

Description:

The Centers for Medicare and Medicaid Services (CMS) requires Medicaid Management Information Systems have a technology refresh every five years. The Pharmacy Benefit Manager system (PBM) is a component to the MMIS Core system. As a result it is subject to the refresh requirement. This project facilitates DC compliance.

Justification:

CMS requires that the Medicaid state agency upgrades MMIS system and its components every 5 years.

Progress Assessment:

The initial system has been completed and is operating as intended.

Related Projects:

MPM03-Medicaid Management Payment System/MMIS Upgraded System; PDM01-Provider Data Management System; MES23C-DCAS RELEASE 3, MPM05C-MEDICAID DATA WAREHOUSE - GO BOND

(Dollars in Thousands)

Funding By Phase - Prior Funding						Approved Funding						
Phase	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
(06) IT Requirements Development/Systems Design	0	0	0	0	0	360	0	0	0	0	0	360
TOTALS	**0**	**0**	**0**	**0**	**0**	**360**	**0**	**0**	**0**	**0**	**0**	**360**

Funding By Source - Prior Funding						Approved Funding						
Source	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
GO Bonds - New (0300)	0	0	0	0	0	360	0	0	0	0	0	360
TOTALS	**0**	**0**	**0**	**0**	**0**	**360**	**0**	**0**	**0**	**0**	**0**	**360**

Additional Appropriation Data

First Appropriation FY	
Original 6-Year Budget Authority	0
Budget Authority Through FY 2026	0
FY 2021 Budget Authority Changes	0
6-Year Budget Authority Through FY 2026	0
Budget Authority Request Through FY 2027	360
Increase (Decrease)	360

Estimated Operating Impact Summary

Expenditure (+) or Cost Reduction (-)	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
No estimated operating impact							

Milestone Data

	Projected	Actual
Environmental Approvals		
Design Start (FY)	10/1/2021	
Design Complete (FY)		
Construction Start (FY)		
Construction Complete (FY)		
Closeout (FY)	09/30/2022	

Full Time Equivalent Data

Object	FTE	FY 2022 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	360	100.0

HT0-PDM01-PROVIDER DATA MANAGEMENT SYSTEM REFRESH

Agency:	DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Implementing Agency:	DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Project No:	PDM01
Ward:	
Location:	441 4TH STREET NW
Facility Name or Identifier:	INFORMATION TECHNOLOGY
Status:	New
Useful Life of the Project:	5
Estimated Full Funding Cost:	$400,000

Description:

In 2014, the Centers for Medicare and Medicaid Services(CMS) issued guidance requiring States to develop a modular MMIS. DHCF has conformed to these requirements and developed the system as separate components in three phases: (1) Provider Data Management (2) Case Management; and (3) the Core system. Provider Data Management System (PDMS) module has been completed, but will need a technology refresh in FY22 as required by CMS.

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 be technology refreshed every 5 years to ensure it is up to date and contracts are competed openly.

Justification:

CMS requires that the Medicaid state agency upgrades the MMIS system and its components every 5 years.

Progress Assessment:

The initial system has been completed and is operating as intended.

Related Projects:

MPM03 - Medicaid Management Payment System/MMIS Upgraded System; MES23C-DCAS RELEASE 3, MPM05C-MEDICAID DATA WAREHOUSE - GO BOND

(Dollars in Thousands)

Funding By Phase - Prior Funding						Approved Funding						
Phase	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
(06) IT Requirements Development/Systems Design	0	0	0	0	0	400	0	0	0	0	0	400
TOTALS	**0**	**0**	**0**	**0**	**0**	**400**	**0**	**0**	**0**	**0**	**0**	**400**

Funding By Source - Prior Funding						Approved Funding						
Source	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
GO Bonds - New (0300)	0	0	0	0	0	400	0	0	0	0	0	400
TOTALS	**0**	**0**	**0**	**0**	**0**	**400**	**0**	**0**	**0**	**0**	**0**	**400**

Additional Appropriation Data

First Appropriation FY	
Original 6-Year Budget Authority	0
Budget Authority Through FY 2026	0
FY 2021 Budget Authority Changes	0
6-Year Budget Authority Through FY 2026	0
Budget Authority Request Through FY 2027	400
Increase (Decrease)	400

Estimated Operating Impact Summary

Expenditure (+) or Cost Reduction (-)	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
No estimated operating impact							

Milestone Data

Milestone Data	Projected	Actual
Environmental Approvals		
Design Start (FY)	10/1/2021	
Design Complete (FY)		
Construction Start (FY)		
Construction Complete (FY)		
Closeout (FY)	09/30/2022	

Full Time Equivalent Data

Object	FTE	FY 2022 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	400	100.0

AM0-UMV01-SAINT ELIZABETHS MEDICAL CENTER

Agency:	DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Implementing Agency:	DEPARTMENT OF GENERAL SERVICES (AM0)
Project No:	UMV01
Ward:	8
Location:	2700 MARTIN LUTHER KING JR AVENUE SE
Facility Name or Identifier:	SAINT ELIZABETHS MEDICAL CENTER
Status:	Ongoing Subprojects
Useful Life of the Project:	30
Estimated Full Funding Cost:	$365,870,000

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 oversee the construction of a new GW Health Hospital, Ambulatory Center and Garage at St. Elizabeths East to improve health care and address inequalities in health outcomes. The 136 bed (built to expand to 196 beds in the future), state of the art, hospital will be operated by Universal Health Services in conjunction with George Washington University and George Washington Medical Faculty Associates (GWMFA). As currently funded, the Ambulatory Center is scheduled to open in the fall of 2023 and the hospital facility would open in the fall of 2024.

The hospital will be part of a robust integrated health care system that includes two additional urgent care centers, one each in Ward 7 and 8, paid for by Universal Health Services, and partnership with local community providers and clinics to ensure a comprehensive strategy for providing high quality health services to all District residents - with a focus on the residents and communities of Ward 7 and 8.

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 Saint Elizabeths East campus.

Progress Assessment:

On-going 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 Saint 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 Saint Elizabeths campus.

2. Saint Elizabeths Infrastructure (Project AWR01C)

(Dollars in Thousands)

Funding By Phase - Prior Funding					**Approved Funding**						
Phase	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
(04) Construction	37,670	2,852	17,504	0	17,314	114,300	126,000	87,900	0	0	0	328,200
TOTALS	**37,670**	**2,852**	**17,504**	**0**	**17,314**	**114,300**	**126,000**	**87,900**	**0**	**0**	**0**	**328,200**

Funding By Source - Prior Funding					**Approved Funding**						
Source	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
Pay Go (0301)	870	0	0	0	870	0	0	0	0	0	0	0
Taxable Bonds – (0309)	36,800	2,852	17,504	0	16,444	114,300	126,000	87,900	0	0	0	328,200
TOTALS	**37,670**	**2,852**	**17,504**	**0**	**17,314**	**114,300**	**126,000**	**87,900**	**0**	**0**	**0**	**328,200**

Additional Appropriation Data	
First Appropriation FY	2020
Original 6-Year Budget Authority	257,670
Budget Authority Through FY 2026	329,070
FY 2021 Budget Authority Changes	
Miscellaneous	36,800
6-Year Budget Authority Through FY 2026	365,870
Budget Authority Request Through FY 2027	365,870
Increase (Decrease)	0

Estimated Operating Impact Summary							
Expenditure (+) or Cost Reduction (-)	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6 Yr Total
No estimated operating impact							

Milestone Data	Projected	Actual
Environmental Approvals	03/8/2021	03/8/2021
Design Start (FY)	03/8/2021	03/8/2021
Design Complete (FY)	02/11/2022	
Construction Start (FY)	01/3/2022	
Construction Complete (FY)	09/1/2024	
Closeout (FY)	06/2/2025	

Full Time Equivalent Data			
Object	FTE	FY 2022 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	114,300	100.0