

(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)

DCAS is a state-of-the-art health and human services solution that will provide the District with a modern integrated eligibility system for Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Family (TANF), and other programs.

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. There are two (2) sub-projects under the MMIS Capital Project: The **Provider Data Management System** is a system that assists the Medicaid program in tracking provider information such as name, location, and specialty. The **Pharmacy Benefit Manager (PBM)** manages prescription drug benefits on DHCF's insurance programs.

Cedar Hill Medical Center (Saint Elizabeth's Medical Center)

Cedar Hill Medical Center will be a 136-bed full-service hospital, providing a complete range of inpatient and outpatient services to all District residents.

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 2027 :** Represents the lifetime budget authority, including the 6-year budget authority for FY 2022 through FY 2027.
 - › **FY 2022 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 2027 :** This is the total 6-year authority for FY 2022 through FY 2027 including changes from the current fiscal year.
 - › **Budget Authority Request Through FY 2028 :** Represents the 6-year budget authority for FY 2023 through FY 2028.
 - › **Increase (Decrease) :** This is the change in 6-year budget requested for FY 2023 - FY 2028 (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					Approved Funding						
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	6 Yr Total
(00) Feasibility Studies	41,501	41,445	55	0	1	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	189,988	61,336	123,576	0	5,076	126,000	92,900	10,000	0	0	0	228,900
(06) IT Requirements Development/Systems Design	418,792	271,608	11,413	0	135,770	1,675	1,675	0	0	0	0	3,350
TOTALS	658,058	381,129	135,093	0	141,836	127,675	94,575	10,000	0	0	0	232,250

Source	Funding By Source - Prior Funding					Approved Funding						
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	6 Yr Total
GO Bonds - New (0300)	77,306	55,099	5,972	0	16,235	0	0	0	0	0	0	0
Pay Go (0301)	25,340	22,133	2,051	0	1,156	0	58,580	10,000	0	0	0	68,580
Short-Term Bonds – (0304)	50,220	38,927	1,040	0	10,254	1,675	1,675	0	0	0	0	3,350
Taxable Bonds – (0309)	151,202	34,036	116,031	0	1,135	126,000	34,320	0	0	0	0	160,320
LRMF - Bus Shelter Ad Revenue (0333)	810	810	0	0	0	0	0	0	0	0	0	0
Federal (0350)	353,179	230,124	9,999	0	113,057	0	0	0	0	0	0	0
TOTALS	658,058	381,129	135,093	0	141,836	127,675	94,575	10,000	0	0	0	232,250

Additional Appropriation Data		Estimated Operating Impact Summary					
First Appropriation FY	2010						6 Year
Original 6-Year Budget Authority	582,864						Total
Budget Authority Through FY 2027	847,342	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
FY 2022 Budget Authority Changes		0	0	1,350	675	0	0
Miscellaneous	27,566						2,025
6-Year Budget Authority Through FY 2027	874,908						
Budget Authority Request Through FY 2028	890,308						
Increase (Decrease)	15,400						
		TOTAL	0	0	1,350	675	0

Full Time Equivalent Data			
Object	FTE	FY 2023 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	127,675	100.0

HT0-CM103-CLINICAL CASE MANAGEMENT SYSTEM REFRESH

Agency: DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Implementing Agency: DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Project No: CM103
Ward:
Location: DISTRICT-WIDE
Facility Name or Identifier: IT
Status: New
Useful Life of the Project:
Estimated Full Funding Cost: \$400,000



Description:

The purpose of the District's Clinical Case Management System (CCMS) is to manage and coordinate the long-term support services for the District's Medicaid beneficiaries. The CCMS is a person-centered care management system that is designed to support person-centered planning and multi-agency/program functionality and enable the District to streamline and coordinate the provision of long-term care services.

The CCMS will have an updated technological infrastructure that will be able to interface with the new MMIS Core System. The system will be reviewed and certified by CMS to ensure the system meets the specifications dictated by CMS.

Justification:

The CCMS houses all of the care plans for DHCF Medicaid beneficiaries who are in the fee-for-service program and receive long term care services. By establishing a system that has interoperability capacity with the MMIS Claims system, the agency will maximize the ability to ensure services provided and paid for are aligned with individual's needs. The lifespan of the current system is scheduled to expire, and the CMS requires that IT systems are updated every 5 years

Progress Assessment:

N/A

Related Projects:

CM102,MMIS

(Dollars in Thousands)

Funding By Phase - Prior Funding						Proposed Funding						
Phase	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	6 Yr Total
(06) IT Requirements Development/Systems Design	0	0	0	0	0	200	200	0	0	0	0	400
TOTALS	0	0	0	0	0	200	200	0	0	0	0	400

Funding By Source - Prior Funding						Proposed Funding						
Source	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	6 Yr Total
Short-Term Bonds -- (0304)	0	0	0	0	0	200	200	0	0	0	0	400
TOTALS	0	0	0	0	0	200	200	0	0	0	0	400

Additional Appropriation Data

First Appropriation FY	
Original 6-Year Budget Authority	0
Budget Authority Through FY 2027	0
FY 2022 Budget Authority Changes	0
6-Year Budget Authority Through FY 2027	0
Budget Authority Request Through FY 2028	400
Increase (Decrease)	400

Estimated Operating Impact Summary

Expenditure (+) or Cost Reduction (-)	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	6 Yr Total
No estimated operating impact							

Milestone Data

	Projected	Actual
Environmental Approvals		
Design Start (FY)	10/1/2023	
Design Complete (FY)	07/30/2023	
Construction Start (FY)	07/30/2023	
Construction Complete (FY)	07/30/2024	
Closeout (FY)	09/30/2024	

Full Time Equivalent Data

Object	FTE	FY 2023 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	200	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: DISTRICT-WIDE
Facility Name or Identifier: INFORMATION TECHNOLOGY
Status: Ongoing Subprojects
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 (360°) 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)

Phase	Funding By Phase - Prior Funding					Proposed Funding						
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	6 Yr Total
(06) IT Requirements Development/Systems Design	7,240	0	0	0	7,240	1,475	1,475	0	0	0	0	2,950
TOTALS	7,240	0	0	0	7,240	1,475	1,475	0	0	0	0	2,950

Source	Funding By Source - Prior Funding					Proposed Funding						
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	6 Yr Total
GO Bonds - New (0300)	724	0	0	0	724	0	0	0	0	0	0	0
Short-Term Bonds – (0304)	0	0	0	0	0	1,475	1,475	0	0	0	0	2,950
Federal (0350)	6,516	0	0	0	6,516	0	0	0	0	0	0	0
TOTALS	7,240	0	0	0	7,240	1,475	1,475	0	0	0	0	2,950

Additional Appropriation Data

First Appropriation FY	2022
Original 6-Year Budget Authority	10,190
Budget Authority Through FY 2027	10,190
FY 2022 Budget Authority Changes	0
6-Year Budget Authority Through FY 2027	10,190
Budget Authority Request Through FY 2028	10,190
Increase (Decrease)	0

Estimated Operating Impact Summary

Expenditure (+) or Cost Reduction (-)	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	6 Year Total
IT	0	0	1,350	675	0	0	2,025
TOTAL	0	0	1,350	675	0	0	2,025

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 2023 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	1,475	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: \$380,870,000

Description:

The Department of Health Care Finance and the Department of General Services will oversee the construction of a new full-service Hospital, Ambulatory Center and Garage at St. Elizabeth’s East to improve health care and address inequalities in health outcomes. The 136 bed (designed 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, the George Washington Medical Faculty Associates (GWMFA) and Children’s National. As currently funded, the hospital, ambulatory center and garage would open together in late 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						Proposed Funding						
Phase	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	6 Yr Total
(04) Construction	151,971	34,036	116,031	0	1,903	126,000	92,900	10,000	0	0	0	228,900
TOTALS	151,971	34,036	116,031	0	1,903	126,000	92,900	10,000	0	0	0	228,900

Funding By Source - Prior Funding						Proposed Funding						
Source	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	6 Yr Total
Pay Go (0301)	769	0	0	0	769	0	58,580	10,000	0	0	0	68,580
Taxable Bonds -- (0309)	151,202	34,036	116,031	0	1,135	126,000	34,320	0	0	0	0	160,320
TOTALS	151,971	34,036	116,031	0	1,903	126,000	92,900	10,000	0	0	0	228,900

Additional Appropriation Data

First Appropriation FY	2020
Original 6-Year Budget Authority	257,670
Budget Authority Through FY 2027	365,871
FY 2022 Budget Authority Changes	0
6-Year Budget Authority Through FY 2027	365,871
Budget Authority Request Through FY 2028	380,871
Increase (Decrease)	15,000

Estimated Operating Impact Summary

Expenditure (+) or Cost Reduction (-)	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	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 2023 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	126,000	100.0