

Department of Health Care Finance

www.dhcf.dc.gov

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Table HT0-1

Description	FY 2019	FY 2020	FY 2021	FY 2022	% Change from FY 2021
	Actual	Actual	Approved	Approved	
OPERATING BUDGET	\$3,223,861,259	\$3,441,330,043	\$3,580,016,534	\$3,657,030,545	2.2
FTEs	268.5	263.0	354.0	351.0	-0.8
CAPITAL BUDGET	\$45,654,017	\$64,795,777	\$5,500,000	\$125,221,539	2,176.8
FTEs	0.0	0.0	0.0	0.0	N/A

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.

Summary of Services

The Department of Health Care Finance provides health care services to low-income children, adults, the elderly, and persons with disabilities. More than 280,000 District of Columbia residents (approximately 40 percent of all residents) receive health care services through DHCF's Medicaid and Alliance programs. DHCF strives to provide these services in the most appropriate and cost-effective settings possible.

The agency's FY 2022 approved budget is presented in the following tables:

FY 2022 Approved Gross Funds Operating Budget and FTEs, by Revenue Type

Table HT0-2 contains the approved FY 2022 budget by revenue type compared to the FY 2021 approved budget. It also provides FY 2019 and FY 2020 actual data.

Table HT0-2

(dollars in thousands)

	Dollars in Thousands							Full-Time Equivalents				
	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021	% Change*	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021	% Change
Appropriated Fund												
GENERAL FUND												
Local Funds	774,524	716,796	857,623	847,229	-10,394	-1.2	109.5	107.1	135.7	142.9	7.2	5.3
Dedicated Taxes	81,015	78,423	98,195	103,219	5,024	5.1	5.0	4.4	5.5	6.0	0.6	10.0

Table HT0-2

(dollars in thousands)

Appropriated Fund	Dollars in Thousands						Full-Time Equivalents					
	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021	% Change*	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021	% Change
Special Purpose												
Revenue Funds	1,611	1,395	6,597	6,434	-162	-2.5	12.6	11.5	17.5	16.4	-1.0	-6.0
TOTAL FOR GENERAL FUND	857,149	796,614	962,415	956,883	-5,532	-0.6	127.1	123.0	158.7	165.4	6.7	4.2
FEDERAL RESOURCES												
Federal Payments	0	0	0	2,000	2,000	N/A	0.0	0.0	0.0	0.0	0.0	N/A
Federal Grant Funds	1,191	1,214	6,068	3,207	-2,861	-47.1	0.0	1.0	0.0	0.0	0.0	N/A
Federal Medicaid Payments	2,263,036	2,545,302	2,472,819	2,553,572	80,754	3.3	139.1	136.7	191.6	182.0	-9.6	-5.0
TOTAL FOR FEDERAL RESOURCES	2,264,227	2,546,516	2,478,886	2,558,779	79,893	3.2	139.1	137.7	191.6	182.0	-9.6	-5.0
INTRA-DISTRICT FUNDS												
Intra-District Funds	102,485	98,200	138,716	141,369	2,653	1.9	2.3	2.2	3.7	3.7	-0.1	-1.6
TOTAL FOR INTRA-DISTRICT FUNDS	102,485	98,200	138,716	141,369	2,653	1.9	2.3	2.2	3.7	3.7	-0.1	-1.6
GROSS FUNDS	3,223,861	3,441,330	3,580,017	3,657,031	77,014	2.2	268.5	263.0	354.0	351.0	-3.0	-0.8

*Percent change is based on whole dollars.

Note: If applicable, for a breakdown of each Grant (Federal and Private), Special Purpose Revenue type and Intra-District agreement, please refer to **Schedule 80 Agency Summary by Revenue Source** in the **FY 2022 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2022 Approved Operating Budget, by Comptroller Source Group

Table HT0-3 contains the approved FY 2022 budget at the Comptroller Source Group (object class) level compared to the FY 2021 approved budget. It also provides FY 2019 and FY 2020 actual expenditures.

Table HT0-3

(dollars in thousands)

Comptroller Source Group	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021	Percentage Change*
11 - Regular Pay - Continuing Full Time	26,145	28,139	34,436	34,263	-173	-0.5
12 - Regular Pay - Other	2,000	1,390	2,092	1,549	-542	-25.9
13 - Additional Gross Pay	189	170	0	0	0	N/A
14 - Fringe Benefits - Current Personnel	5,894	6,406	7,788	7,910	122	1.6
15 - Overtime Pay	58	13	0	0	0	N/A
SUBTOTAL PERSONAL SERVICES (PS)	34,285	36,119	44,316	43,723	-593	-1.3
20 - Supplies and Materials	89	94	221	201	-21	-9.3
30 - Energy, Communication and Building Rentals	234	263	356	409	53	14.9
31 - Telecommunications	322	331	377	389	12	3.1
32 - Rentals - Land and Structures	1,305	1,341	1,890	1,453	-437	-23.1
34 - Security Services	119	92	303	309	6	2.0

Table HT0-3

(dollars in thousands)

Comptroller Source Group	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021	Percentage Change*
35 - Occupancy Fixed Costs	387	441	550	435	-115	-20.9
40 - Other Services and Charges	1,177	5,525	3,290	2,179	-1,111	-33.8
41 - Contractual Services - Other	107,868	113,069	157,377	183,630	26,253	16.7
50 - Subsidies and Transfers	3,076,913	3,283,211	3,348,957	3,411,181	62,224	1.9
70 - Equipment and Equipment Rental	1,164	843	22,379	13,121	-9,258	-41.4
SUBTOTAL NONPERSONAL SERVICES (NPS)	3,189,576	3,405,211	3,535,700	3,613,308	77,607	2.2
GROSS FUNDS	3,223,861	3,441,330	3,580,017	3,657,031	77,014	2.2

*Percent change is based on whole dollars.

FY 2022 Approved Operating Budget and FTEs, by Division/Program and Activity

Table HT0-4 contains the approved FY 2022 budget by division/program and activity compared to the FY 2021 approved budget. It also provides FY 2019 and FY 2020 actual data. For a more comprehensive explanation of divisions/programs and activities, please see the Division/Program Description section, which follows the table.

Table HT0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021
(1000) AGENCY MANAGEMENT										
(1010) Personnel	1,013	1,134	1,376	2,437	1,061	7.6	10.4	14.0	12.0	-2.0
(1015) Training and Development	0	12	24	24	0	0.0	0.0	0.0	0.0	0.0
(1020) Contracting and Procurement	2,025	1,566	2,393	2,486	92	3.0	2.2	3.0	3.0	0.0
(1030) Property Management	2,739	2,792	3,230	3,445	215	3.8	3.0	4.0	4.0	0.0
(1040) Information Technology	7,401	7,374	12,210	12,688	478	10.7	13.4	18.0	13.0	-5.0
(1060) Legal	967	887	1,440	1,447	8	6.9	6.0	8.0	9.0	1.0
(1080) Communications	340	295	502	1,387	885	1.5	1.5	2.0	5.0	3.0
(1085) Customer Service	2,170	2,391	4,803	4,732	-71	21.7	20.5	27.6	25.0	-2.6
(1087) Language Access	0	0	10	10	0	0.0	0.0	0.0	0.0	0.0
(1090) Performance Management	7,259	7,793	11,470	10,053	-1,418	36.5	37.3	50.4	54.0	3.6
SUBTOTAL (1000) AGENCY MANAGEMENT	23,914	24,245	37,458	38,708	1,250	91.7	94.4	127.0	125.0	-2.0
(100F) AGENCY FINANCIAL OPERATIONS										
(110F) Budgeting Operations	586	711	751	737	-14	3.8	4.5	6.0	6.0	0.0
(120F) Accounting Operations	4,082	2,853	5,740	5,714	-26	6.9	6.7	9.0	9.0	0.0
(140F) Agency Fiscal Officer	335	328	333	335	2	1.5	1.5	2.0	2.0	0.0
SUBTOTAL (100F) AGENCY FINANCIAL OPERATIONS	5,003	3,892	6,825	6,786	-38	12.2	12.7	17.0	17.0	0.0
(2000) HEALTHCARE DELIVERY MANAGEMENT										
(2002) Managed Care Mgmt	6,941	8,239	10,875	12,984	2,109	7.6	6.0	8.0	8.0	0.0
(2003) Preventive and Acute Care	1,154	966	1,103	1,275	171	3.4	3.4	4.5	4.5	0.0

Table HT0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021
(2004) Div of Quality and Health Outcomes	4,809	3,483	3,763	3,753	-11	3.8	3.7	5.0	5.0	0.0
(2007) Clinicians, Rx and Acute Provider Services	6,301	7,883	8,731	9,855	1,125	6.0	5.6	7.5	7.5	0.0
(2010) Health Care Delivery Mgmt Support Services	990	1,071	1,172	1,166	-6	6.9	6.7	9.0	9.0	0.0
SUBTOTAL (2000) HEALTHCARE DELIVERY MANAGEMENT	20,195	21,642	25,644	29,033	3,389	27.7	25.4	34.0	34.0	0.0
(200L) LONG-TERM CARE PROGRAM										
(201L) Long-Term Care Support Services	12,480	11,613	19,390	19,038	-353	2.3	3.0	3.0	3.0	0.0
(210L) Oversight	1,440	1,615	1,685	1,709	24	10.8	9.7	13.0	13.0	0.0
(220L) Operations	1,358	1,541	1,823	1,634	-189	11.4	10.4	15.0	14.0	-1.0
(230L) Intake and Assessment	844	978	979	1,064	86	5.5	5.2	7.0	8.0	1.0
SUBTOTAL (200L) LONG-TERM CARE PROGRAM	16,122	15,748	23,877	23,445	-432	30.0	28.3	38.0	38.0	0.0
(3000) HEALTHCARE POLICY AND PLANNING										
(3001) Policy Unit Management	462	499	749	760	11	7.4	4.5	6.0	6.0	0.0
(3003) Data Analysis	673	775	1,109	1,102	-8	4.6	5.2	7.0	7.0	0.0
(3004) Member Management	1,228	1,138	1,403	1,543	140	10.2	10.4	14.0	16.0	2.0
(3010) Health Care Policy and Planning Support	660	1,092	2,958	2,792	-166	4.7	3.7	5.0	3.0	-2.0
SUBTOTAL (3000) HEALTHCARE POLICY AND PLANNING	3,024	3,504	6,219	6,196	-23	26.9	23.8	32.0	32.0	0.0
(300A) DCAS PROGRAM MANAGEMENT ADMINISTRATION										
(310A) Program Management	2,157	1,182	2,235	2,574	339	7.5	6.5	12.0	10.2	-1.8
(320A) Project Management	4,087	9,144	10,848	9,111	-1,737	27.8	26.6	34.0	34.0	0.0
(330A) Organizational Change	1,103	5,282	14,159	14,069	-90	7.8	9.4	12.0	13.0	1.0
(340A) Information Technology Management	30,065	28,121	50,738	57,172	6,434	7.9	7.9	12.0	10.8	-1.2
SUBTOTAL (300A) DCAS PROGRAM MANAGEMENT ADMINISTRATION	37,411	43,729	77,980	82,926	4,945	50.9	50.5	70.0	68.0	-2.0
(5000) HEALTH CARE FINANCE										
(5001) Medicaid Provider Payment	2,952,854	3,132,904	3,191,224	3,220,388	29,164	0.0	0.0	0.0	0.0	0.0
(5002) Medicaid Public Provider Payments	40,506	54,674	41,369	73,585	32,216	0.0	0.0	0.0	0.0	0.0
(5003) Alliance Provider Payments	77,032	90,274	101,713	113,972	12,259	0.0	0.0	0.0	0.0	0.0
SUBTOTAL (5000) HEALTH CARE FINANCE	3,070,392	3,277,852	3,334,306	3,407,945	73,638	0.0	0.0	0.0	0.0	0.0
(6000) HEALTH CARE OPERATIONS										
(6001) Medicaid Information Systems	36,029	36,677	47,159	50,657	3,498	11.6	10.4	14.0	14.0	0.0
(6006) Div of Public and Private Provider Services	2,439	2,443	3,096	3,123	27	7.6	7.4	10.0	10.0	0.0
(6010) Health Care Operations Support	435	416	463	469	6	2.3	2.2	3.0	3.0	0.0
SUBTOTAL (6000) HEALTH CARE OPERATIONS	38,903	39,537	50,718	54,249	3,531	21.5	20.0	27.0	27.0	0.0

Table HT0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021	Actual FY 2019	Actual FY 2020	Approved FY 2021	Approved FY 2022	Change from FY 2021
(8000) HEALTH CARE REFORM AND INNOVATION										
(8002) Affordable Care Reform and Grants Dev	9,142	9,625	15,825	5,124	-10,701	7.0	6.3	7.0	8.0	1.0
(8010) HC Reform and Innovative Support Services	-244	1,557	1,164	2,620	1,455	0.8	1.5	2.0	2.0	0.0
SUBTOTAL (8000) HEALTH CARE REFORM AND INNOVATION	8,899	11,182	16,989	7,743	-9,246	7.8	7.8	9.0	10.0	1.0
TOTAL APPROVED OPERATING BUDGET	3,223,861	3,441,330	3,580,017	3,657,031	77,014	268.5	263.0	354.0	351.0	-3.0

(Change is calculated by whole numbers and numbers may not add up due to rounding)

Note: For more detailed information regarding the approved funding for the activities within this agency's programs, please see **Schedule 30-PBB Program Summary by Activity** in the **FY 2022 Operating Appendices** located on the Office of the Chief Financial Officer's website. "No Activity Assigned" indicates budget or actuals that are recorded at the division/program level.

Division Description

The Department of Health Care Finance operates through the following 9 divisions:

Health Care Delivery Management (HCDM) – ensures that quality services and practices pervade all activities that affect the delivery of health care to beneficiaries served by the District's Medicaid, Children's Health Insurance Program (CHIP), and Alliance programs. HCDM accomplishes this through informed benefit design; use of prospective, concurrent and retrospective utilization management; ongoing program evaluation; and the application of continuous quality measurement and improvement practices in furnishing preventive, acute, and chronic/long-term care services to children and adults through DHCF's managed care contractors and institutional and ambulatory fee-for-service providers.

This division contains the following 5 activities:

- **Managed Care Management** – provides oversight, evaluation, and enforcement of contracts with organizations managing the care and service delivery of Medicaid and Alliance beneficiaries, along with providing oversight and enrollment of eligible beneficiaries;
- **Preventive and Acute Care (Children's Health Services)** – develops, implements, and monitors policies, benefits and practices for children's health care services, including HealthCheck/EPSDT, CHIP, and the Immigrant Children's Program;
- **Division of Quality and Health Outcomes** – continuously improves the quality (safe, effective, patient-centered, timely, efficient, and equitable services) of health care delivered by programs administered by DHCF; and ensures that quality and performance improvement principles and practices pervade all the components and activities that impact the delivery and outcomes of health care services to patients served by the District's Medicaid, CHIP, and Alliance programs;
- **Division of Clinicians, Pharmacy and Acute Provider Services** – develops, implements, and oversees the programming for primary and specialty providers, hospitals, and other acute and preventive care services; and manages the non-emergency transportation contract; and
- **Health Care Delivery Management Support Services** – provides administrative support functions to the Health Care Delivery Management division.

Long-Term Care Administration (LTCA) – provides oversight and monitoring of programs targeted to the elderly, persons with physical disabilities, and persons with intellectual and developmental disabilities. Through program development and day-to-day operations, the LTCA also ensures access to needed cost-effective, high-quality extended and long-term care services for Medicaid beneficiaries residing in home and community-based or institutional settings. The office also provides contract management of the long-term care supports and services contract.

This division contains the following 4 activities:

- **Long-Term Care Support Services** – provides administrative support functions to the Long-Term Care division;
- **Oversight** – provides quality assurance (including compliance with six Centers for Medicare and Medicaid Services (CMS) assurances) and outcomes, oversight and audits/site visits, and corrective action plans;
- **Operations** – provides day-to-day operations to ensure service delivery for both providers and beneficiaries; issue resolutions, ensuring timeliness of prior authorizations; training and technical assistance to providers; provider readiness; and compliant triage and resolution; and
- **Intake and Assessment** – oversees nurse unit responsible for access to Long Term Care Services and Support Assessments (LTCSS) including Delmarva assessments, Qualis Health Level of Care reviews, coordination with Aging and Disability Resource Center (ADRC), and Intellectual or Developmental Disabilities (IDD) acuity level reviews/approvals.

Health Care Policy and Planning – maintains the Medicaid and CHIP state plans that govern eligibility, scope of benefits, and reimbursement policies for the District's Medicaid and CHIP programs; develops policy for the Health Care Alliance program and other publicly funded health care programs that are administered or monitored by DHCF based on sound analysis of local and national health care and reimbursement policies and strategies; and ensures coordination and consistency among health care and reimbursement policies developed by the various divisions within DHCF. The division also designs and conducts research and evaluations of health care programs.

This division contains the following 4 activities:

- **Policy Unit Management (Regulation and Policy Management)** – maintains the Medicaid State Plan, which governs the eligibility, scope of benefits, and reimbursement policies of the Medicaid and CHIP programs; creates State Plan Amendments, waivers, and regulations that form the foundation of Medicaid policy and programs administered or monitored by DHCF; and ensures the coordination and consistency of health care and reimbursement policies developed by various divisions within DHCF;
- **Data Analysis (Division of Analytics and Policy Research)** – gathers information, analyzes data, and evaluates all activities related to multiple District-wide components of Medicaid, CHIP, the Alliance, and future healthcare delivery systems, including data collection systems; and designs and conducts research and evaluation of health care programs, studying their impacts on beneficiaries, providers, plans, and other partners and customers, designing and assessing potential improvements, and developing new measurement tools;
- **Member Management (Eligibility Policy)** – serves as liaison to District and federal agencies regarding eligibility-related matters; ensures collaboration and coordination between the agencies and facilitates compliance by the Department of Human Services' Economic Security Administration with DHCF eligibility policy; interprets federal and state eligibility rules and regulation; establishes eligibility policies and criteria for the Medicaid and CHIP programs, as well as the Health Care Alliance and the Immigrant Children's Program; interprets and helps draft legislative changes, rules and regulations for the District regarding eligibility requirements; and manages the Optional State Supplement Payment Program for eligible District of Columbia residents residing in an adult foster care home; and
- **Health Care Policy and Planning Support (Health Care Policy and Research Support)** – provides administrative support functions to the Health Care Policy and Planning Administration.

DCAS Project Management Administration – has responsibility to design, develop, implement and manage the DC Access System (DCAS), which is an integrated eligibility system for all health and human services for the District. In addition, this administration is responsible for supporting the functionality and funding for all components of DCAS and their seamless interface with the Health Benefits Exchange and Department of Human Services program components.

This division contains the following 4 activities:

- **Program Management** – manages all operational and functional activities related to the DCAS project;
- **Project Management** – manages all project management and functional activities related to the DCAS project;
- **Organizational Change** – manages all historical, current, and forecasted project initiatives associated with Organization Change Management; and
- **Information Technology** – manages the operational tasks and maintenance for the DCAS project.

Health Care Finance – provides provider payments for the following provider types: Medicaid providers, public providers, and Health Care Alliance providers.

This division contains the following 3 activities:

- **Medicaid Provider Payment** – provides payment to Medicaid providers;
- **Medicaid Public Provider Payment** – provides payment to Medicaid public providers; and
- **Alliance Provider Payment** – provides payment to Alliance providers.

Health Care Operations – ensures the division of programs that pertain to the payment of claims and manages the fiscal agent contract, the administrative contracts, systems, and provider enrollment and requirements. The office provides contract management of the Pharmacy Benefits Manager, the Quality Improvement Organization contract, and the Medicaid Management Information System (MMIS) Fiscal Intermediary contract as well as additional administrative contracts.

This division contains the following 3 activities:

- **Medicaid Information Systems (Claims Management)** – oversees MMIS operations; systems requests; member services, including member out-of-pocket reimbursements; Consolidated Omnibus Budget Reconciliation Act (COBRA) payments; third-party liability processing; and processing of financial transactions. The division also manages all internal and external data requests and data involving agency audits (local and federal), as well as MMIS training for all DHCF employees and system security;
- **Division of Public and Private Provider Services** – manages the Administrative Services Organization contract, provider enrollment and recruitment, and internal and external provider services and inquiries. The office also maintains positive ongoing coordination and continuity with all public provider agencies of the District of Columbia government to enhance each agency's understanding of Medicaid reimbursement policies; is the accountable office within DHCF for implementation of policy that directly impacts other District agencies that serve as Medicaid providers; identifies opportunities to improve the reimbursement procedures of each agency; and works closely with these agencies to review federal policy to ensure that federal reimbursement is being maximized and compliance assured through claims processing and through program development; and
- **Health Care Operations Support (Health Care Operations Support Services)** – provides administrative support functions to the Health Care Operations division.

Health Care Reform and Innovation (HCRIA) – identifies, validates, and disseminates information about new health care models and payment approaches serving Medicaid beneficiaries with the goal of enhancing health care quality, improving care and outcomes, promoting health equity, and enhancing the value and

efficiency of DHCF programs. The division creates and tests new delivery system and payment models among providers in the District and builds collaborative learning networks to facilitate innovation, implement effective practices, and facilitate technology improvements to support delivery system re-design and improvement.

This division contains the following 2 activities:

- **Affordable Care Reform and Grants Development** – develops and executes strategies for payment and delivery system reform in the District, including developing, implementing, and monitoring health reform activities as well as developing demonstration projects and grants to support various value-based purchasing and practice transformation strategies; and
- **Health Care Reform and Innovative Support Services** – is responsible for advancing the use of information technology among health care providers in the District. These activities include HCRIA’s responsibility to design, develop, implement, and sustain Health Information Exchange (HIE) activities. HIE’s infrastructure provides the technology, processes, and operations needed to facilitate exchange of health information between health stakeholders. HCRIA’s Health Information Technology (HIT) program offers incentives, outreach, and technical assistance to drive the adoption and use of Certified Electronic Health Records Technology by District health care providers. The program aligns with CMS’s Meaningful Use framework.

Agency Management – provides for administrative support and the required tools to achieve operational and programmatic results. This division is standard for all agencies using performance-based budgeting.

Agency Financial Operations – provides comprehensive and efficient financial management services to, and on behalf of, District agencies so that the financial integrity of the District of Columbia is maintained. This division is standard for all agencies using performance-based budgeting.

Division Structure Change

The Department of Health Care Finance has no division structure changes in the FY 2022 approved budget.

FY 2021 Approved Budget to FY 2022 Approved Budget, by Revenue Type

Table HT0-5 itemizes the changes by revenue type between the FY 2021 approved budget and the FY 2022 approved budget. For a more comprehensive explanation of changes, please see the FY 2022 Approved Budget Changes section, which follows the table.

Table HT0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
LOCAL FUNDS: FY 2021 Approved Budget and FTE		857,623	135.7
Removal of One-Time Costs	Multiple Programs	-62,299	0.0
LOCAL FUNDS: FY 2022 Recurring Budget		795,324	135.7
Increase: To support nonpersonal service costs	DCAS Program Management Administration	4,795	0.0
Increase: To align with anticipated provider payment costs	Health Care Finance	4,089	0.0
Increase: To support operational requirements	Healthcare Delivery Management	1,326	0.0
Increase: To align personal services and Fringe Benefits with projected costs	Multiple Programs	1,015	7.2
Increase: To adjust the Contractual Services budget	Multiple Programs	834	0.0
Increase: To support operational requirements	Multiple Programs	200	0.0
Increase: To align Fixed Costs with proposed estimates	Multiple Programs	104	0.0

Table HT0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
Decrease: To reflect grant match requirements	Health Care Reform and Innovation	-965	0.0
Enhance: To support the COVID Provider Relief/D-SNP program, services for vulnerable residents at HUH, and Alliance growth (one-time)	Health Care Finance	18,551	0.0
Enhance: To support DCAS Operations and Maintenance (one-time)	DCAS Program Management Administration	9,595	0.0
Enhance: To support the continuation of the requirements set forth in Bill B23-0761 and neurobehavioral health	Health Care Finance	5,983	0.0
Enhance: To support enrollment growth	Health Care Finance	3,370	0.0
Enhance: To support the cost associated with training and implementation of the new MMIS system (one-time)	Health Care Operations	2,937	0.0
Enhance: ARPA – Federal funding for Local Revenue Replacement to provide Doula Services to those not eligible for Medicaid	Health Care Finance	75	0.0
Reduce: To reduce vacancy savings	DCAS Program Management Administration	-480	0.0
LOCAL FUNDS: FY 2022 Mayor’s Proposed Budget		846,753	142.9
Enhance: To support the elimination of face-to-face recertification for Alliance beneficiaries (one-time)	Health Care Finance	545	0.0
Enhance: ARPA - Federal Funds for Local Revenue Replacement funding to support Maternal Health Resources and Access Act of 2021	Health Care Finance	480	0.0
Enhance: To support costs associated with the Medicaid Management Information System contracts (one-time)	Health Care Operations	400	0.0
Enhance: To implement digital health monitoring	Health Care Finance	256	0.0
Reduce: Savings from Dual Special Needs and PACE programs	Health Care Finance	-1,205	0.0
LOCAL FUNDS: FY 2022 District’s Approved Budget		847,229	142.9
DEDICATED TAXES: FY 2021 Approved Budget and FTE		98,195	5.5
Increase: To align budget with projected revenues	Multiple Programs	1,089	0.6
Enhance: Utilization of fund balance available due to enhanced FMAP from the public health emergency in FY 2020	Health Care Finance	3,936	0.0
DEDICATED TAXES: FY 2022 Mayor’s Proposed Budget		103,219	6.0
No Change		0	0.0
DEDICATED TAXES: FY 2022 District’s Approved Budget		103,219	6.0
FEDERAL PAYMENTS: FY 2021 Approved Budget and FTE		0	0.0
Enhance: ARPA - Municipal funding to support DC Practice Transformation Collaborative	Health Care Reform and Innovation	1,500	0.0
FEDERAL PAYMENTS: FY 2022 Mayor’s Proposed Budget		1,500	0.0
Transfer-In: ARPA - Municipal Funding to support Produce Rx	Health Care Reform and Innovation	500	0.0
FEDERAL PAYMENTS: FY 2022 District’s Approved Budget		2,000	0.0
FEDERAL GRANT FUNDS: FY 2021 Approved Budget and FTE		6,068	0.0
Decrease: To align budget with projected grant awards	Multiple Programs	-2,861	0.0
FEDERAL GRANT FUNDS: FY 2022 Mayor’s Proposed Budget		3,207	0.0
No Change		0	0.0
FEDERAL GRANT FUNDS: FY 2022 District’s Approved Budget		3,207	0.0
FEDERAL MEDICAID PAYMENTS: FY 2021 Approved Budget and FTE		2,472,819	191.6
Decrease: To align the budget with projected federal Medicaid Reimbursements	Multiple Programs	-117,047	-9.6
Enhance: To support enrollment growth	Health Care Finance	186,620	0.0
Enhance: To support the cost associated with training and implementation of the new MMIS system	Health Care Operations	2,403	0.0

Table HT0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
FEDERAL MEDICAID PAYMENTS: FY 2022 Mayor's Proposed Budget		2,544,794	182.0
Enhance: To support DCAS vendor and Maximus contracts	DCAS Program Management Administration	8,778	0.0
FEDERAL MEDICAID PAYMENTS: FY 2022 District's Approved Budget		2,553,572	182.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2021 Approved Budget and FTE		6,597	17.5
Decrease: To align budget with projected revenues	Multiple Programs	-125	-1.0
Reduce: To align with anticipated TPL Revenue supporting provider payments	Health Care Finance	-37	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2022 Mayor's Proposed Budget		6,434	16.4
No Change		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2022 District's Approved Budget		6,434	16.4
INTRA-DISTRICT FUNDS: FY 2021 Approved Budget and FTE		138,716	3.7
Decrease: To align budget with projected revenues	Multiple Programs	-960	-0.1
Enhance: To support provider payments Health Care Finance	Health Care Finance	896	0.0
INTRA-DISTRICT FUNDS: FY 2022 Mayor's Proposed Budget		138,652	3.7
Enhance: To support DCAS vendor and Maximus contracts	DCAS Program Management Administration	2,717	0.0
INTRA-DISTRICT FUNDS: FY 2022 District's Approved Budget		141,369	3.7
GROSS FOR HT0 - DEPARTMENT OF HEALTH CARE FINANCE		3,657,031	351.0

(Change is calculated by whole numbers and numbers may not add up due to rounding)

FY 2022 Approved Operating Budget Changes

Table HT0-6 contains the approved FY 2022 budget by fund compared to the FY 2021 approved budget.

Table HT0-6

Appropriated Fund	FY 2021 Approved	FY 2022 Approved	% Change from FY 2021
Local Funds	\$857,622,717	\$847,228,958	-1.2
Dedicated Taxes	\$98,195,140	\$103,219,385	5.1
Federal Payments	\$0	\$2,000,000	N/A
Federal Grant Funds	\$6,067,676	\$3,206,819	-47.1
Federal Medicaid Payments	\$2,472,818,580	\$2,553,572,305	3.3
Special Purpose Revenue Funds	\$6,596,710	\$6,434,236	-2.5
Intra-District Funds	\$138,715,711	\$141,368,841	1.9
GROSS FUNDS	\$3,580,016,534	\$3,657,030,545	2.2

Recurring Budget

The FY 2022 Budget for DHCF includes a reduction of \$62,299,213 across multiple divisions to account for the removal of one-time funding appropriated in FY 2021. The funding was comprised of \$25,728,806 to support provider payments; \$17,603,475 to support State Plan Primary Care Association services at 8 hours per day; \$10,935,931 to support the costs associated with "DC Healthcare Alliance Program Recertification Simplification Amendment Act of 2017," Law L22-0035; \$2,912,542 to support DCAS; \$1,883,458 to support DCAS adjustments associated with implementation of the DC Healthcare Alliance Recertification Simplification Amendment Act of 20; \$1,400,000 to support the supplemental funding towards paying their Direct Service Providers and the living wage rate; \$1,350,000 to support the Physicians Supplemental Payment; and \$485,000 to support the exchange electronic advance directive forms among providers.

Mayor's Proposed Budget

Increase: The Department of Health Care Finance's (DHCF) proposed Local funds budget includes an increase to the D.C. Access System Administration (DCAS) local contract budget of \$4,795,450 to support cost related to the implementation of completed deployments of the new eligibility system and to reflect the updated cost allocation. The provider payment budget has a net increase of \$4,089,481 to support anticipated cost for services provided to District residents through the Medicaid and Alliance programs. The increase includes scheduled provider rate increases, the implementation of Housing Support Service as a Medicaid service and the continuation of the Intermediate Care Facility Direct Service Professional (DSP) wage increase.

A proposed Local funds increase of \$1,326,019 is included in Health Care Delivery Management to support added cost for the Quality Improvement Organization (QIO) contract and the Managed Care Organization Actuary contract due to the implementation of the Dual Choice program in January 2022.

The Local funds budget proposal also includes an increase of \$1,015,365 and 7.2 Full-Time Equivalents (FTEs) across multiple divisions to properly align salary, Fringe Benefits, and other personal services costs with projected expenditures. An increase of \$833,602 will support contractual obligations, and a proposed increase of \$199,556 across multiple divisions to support the operating requirements of the agency. Lastly, the proposed Local funds increase of \$104,409 across multiple divisions is to align the budget with projected Fixed Costs estimates provided by the Department of General Services and the Office of Finance and Resource Management for Energy, Telecommunications, Rent, Security, and Occupancy. Collectively, these administrative budgeted items increased the Local funds budget by \$2,152,933 across various administrations within the agency.

In Dedicated Tax funds, a proposed increase of \$1,088,702 and 0.6 FTE across multiple divisions is attributed to revised anticipated revenue across multiple tax accounts.

Decrease: The proposed Local budget decreased by \$965,000 as a result of the expiration of Health Information Exchange grants issued in the Health Care Reform and Innovation division.

In Federal grants, a decrease of \$2,860,857 is primarily due to the end of the Supporting Provider Capacity to Deliver Quality Substance Abuse Treatment (SUD) grant.

The proposed budget in Federal Medicaid Payments decreased by \$117,047,462 and 9.6 FTEs to align with anticipated federal match support.

In Special Purpose Revenue funds, a proposed decrease of \$125,454 and 1.0 FTE across multiple divisions will align the budget with projected revenues, and

In Intra-District funds, a proposed decrease of \$959,942 and .06 FTE across multiple divisions reflects adjustments to several memorandum of Understanding (MOU) agreements with District agencies to provide a variety of services, including, provider payments to support services rendered to District residents receiving health care from Medicaid, as well as agency partnerships to support the DCAS eligibility system.

Enhance: DHCF's proposed Local funds budget includes a one-time enhancement of \$18,550,958 in the Health Care Finance division. This adjustment includes \$9,550,958 to continue COVID Provider Enhanced rates during the Public Health Emergency and provide transition services for current Elderly and Physically Disabled (EPD) Waiver participants transferring to the /Dual Eligible Special Needs program (D-SNP) in January 2022; \$8,000,000 to support the Howard University Hospital in providing health care services for vulnerable residents; and \$1,000,000 to support the Alliance enrollment growth.

Additionally, \$9,594,755 in one-time support was allocated to the DCAS Program Management Administration to support operations and maintenance for the state-of-the-art health and human services integrated eligibility system. The Department of Health Care Finance also received Local fund enhancements in the amount of \$5,983,424 to establish health care services to District residents, which includes \$5,285,000 to support the continuation of the Alliance 6-month recertification process; however, beneficiaries will not be required to complete an interview or face-to-face visit, and \$698,424 for Neurobehavioral Health services.

The budget will also provide funding in the amount of The Health Care Finance division will receive enhancements of \$3,369,707 to support the impact of enrollment growth due to the increase in the number of beneficiaries, because of the public health emergency. Also in Local funds, the Health Care Operations division will receive \$2,936,725 in one-time funding to support costs associated with the training and

implementation of the new Medicaid Management Information System (MMIS) system. An increase of \$75,000 in ARPA-Local Revenue Replacement funds to the Health Care Finance division will support Doula services. This increase in spending is supported by Coronavirus Relief funds from the American Rescue Plan Act.

In Dedicated Tax funds, the proposal includes an increase of \$3,935,544 to support FY22 Outpatient hospital cost. The Hospital tax fund balance was available because of the ability to use enhanced federal match during the public health emergency.

In Federal Payments, the proposal includes an increase of \$1,500,000 to support the DC Practice Transformation Collaborative. This increase in spending is supported by Coronavirus Relief funds from the American Rescue Plan Act.

In Federal Medicaid Payments, an enhancement of \$186,620,331 in the Health Care Finance division is to support projected enrollment growth. An additional enhancement in Health Care Operations division in the amount of \$2,402,775 will support costs associated with training and implementation of the new MMIS system.

The Health Care Finance division will receive an Intra-District funds increase of \$896,045 to align with anticipated cost of services.

Reduce: The proposed Local funds budget was reduced in the amount of \$480,000 due to vacancy savings in the agency.

In Special Purpose Revenue, a reduction of \$37,020 to align with anticipated spending.

District's Approved Budget

Enhance: The Department of Health Care Finance's approved budget reflects an increase of \$544,815 in one-time Local funds to reflect the elimination of face-to-face recertification for Alliance beneficiaries within the Health Care Finance division. The agency also received an increase of \$480,000 in ARPA - Local Revenue Replacement funds across multiple divisions to fund initiatives for the Maternal Health Resources and Access Act of 2021. This increase in spending is supported by Coronavirus Relief funds from the American Rescue Plan Act.

Additional one-time funding of \$400,000 in the Health Care Operations division reflects costs associated with the Medicaid Management Information System (MMIS) contract. Finally, the agency will receive \$255,905 in the Health Care Finance division to implement the Digital Health Monitoring component of the Postpartum Coverage Expansion Amendment Act of 2020.

The Federal Medicaid Payments budget is increased by \$8,778,083 to support DCAS vendor and Maximus contracts in the DPMA division.

In Intra-District funds, the budget is increased by \$2,717,025 in the DPMA division to support DCAS vendor and Maximus contracts.

Reduce: DHCF's approved Local funds budget reflects a reduction of \$1,204,720 in the Health Care Finance division, which is comprised of \$997,636 in savings from the Programs of All-Inclusive Care for the Elderly (PACE) program and \$207,084 in savings from the Dual Special Needs program.

Transfer-In: In Federal Payments, the approved budget is increased by \$500,000 as a transfer-in of ARPA - Municipal funding in the Health Care Reform and Innovation division from the Department of Health, to support the implementation of the projected costs associated with Produce Rx. This increase in spending is supported by Coronavirus Relief funds from the American Rescue Plan Act.

Agency Performance Plan*

The Department of Health Care Finance (DHCF) has the following strategic objectives for FY 2022:

Strategic Objectives

Strategic Objectives describe what the agency will do, at a high level, to achieve its mission. These are action-based sentences that define what an agency does for its customers, whether the customers are residents or other District agencies, and how that improves the District.

Objectives

1. Provide access to comprehensive healthcare services for District residents.
2. Ensure the delivery of high quality healthcare services to District residents.
3. Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program.
4. Create and maintain a highly efficient, transparent, and responsive District government.

ACTIVITIES

Activities include the work that happens on a daily basis to help achieve the Strategic Objectives. Activity names come from the budget line items. This is further divided into “daily services” (ex. sanitation disposal), and long-term “key projects” that are high profile, one-time and span several years, (ex. redevelopment of Walter Reed Army Medical Center). Many agencies will mostly have daily services, whereas some agencies that have more of their budget come from capital funding will have several key projects.

I. Provide access to comprehensive healthcare services for District residents. (4 Activities)

Activity Title	Activity Description	Type of Activity
Eligibility	Based on the Federal guidelines for Medicaid and local laws for the Alliance program, DHCF provides healthcare to District residents according to the criteria of the programs offered. This requires the agency to create State Plans and rules that define the qualifications, along with working with other District agencies to ensure that qualified applicants are granted access to these healthcare programs.	Daily Service
DC Access System (DCAS)	DHCF is charged with implementing and overseeing a single, streamlined, no-wrong door eligibility and enrollment system for all health and human services assistance programs being offered by the District of Columbia.	Key Project
Benefits	DHCF establishes and administers healthcare benefits for DC residents primarily through two delivery systems: managed care and Fee-for-service (FFS). The benefit design is detailed through the Medicaid State Plan, waiver applications, rules, laws and transmittals.	Daily Service
Eligibility and Enrollment System	DHCF is charged with implementing and overseeing a single, streamlined, no-wrong door eligibility and enrollment system for all health and human services assistance programs being offered by the District of Columbia.	Daily Service

2. Ensure the delivery of high quality healthcare services to District residents. (2 Activities)

Activity Title	Activity Description	Type of Activity
Claims Processing	As beneficiaries utilize services with physicians, clinics, pharmacies, and hospitals, payments are remitted by those providing the services to DHCF for processing and payment. Federal regulations and local laws require prompt payment of claims submitted, so DHCF must first verify the eligibility of the beneficiary, the Medicaid enrollment of the provider, and the validity of the service being provided.	Daily Service
Provider Enrollment and Screening	In order to receive payments for services provided to Medicaid and Alliance patients, physicians, clinics, pharmacies, hospitals and other providers must first apply to be a qualified provider. DHCF screens providers to minimize future unscrupulous activities. Once enrolled, provider information is retained and utilized to accept and process future claims.	Daily Service

3. Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program. (1 Activity)

Activity Title	Activity Description	Type of Activity
Program Integrity	The DHCF promotes the integrity of Medicaid through audits, policy review and identification and monitoring of program vulnerabilities. These efforts are conducted on a daily basis by implementing proper policies and procedures as well as the development and implementation of a strategic plan and quality assurance.	Daily Service

KEY PERFORMANCE INDICATORS

Key Performance Indicators measure how well an agency is achieving its Strategic Objectives. They are outcome-oriented and should be used to answer the question, “What does the agency need to measure to determine success?”

1. Provide access to comprehensive healthcare services for District residents. (5 Measures)

Measure	New Measure/ Benchmark Year	FY 2019 Actual	FY 2020 Target	FY 2020 Actual	FY 2021 Target	FY 2022 Target
Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia	No	98.3%	95%	97.6%	95%	95%
Percent of District residents covered by Medicaid	No	35.9%	35%	37.3%	35%	35%
Percent of Medicaid renewals as a result of the passive renewal process	No	82.9%	70%	91.8%	70%	70%
Percent of children, ages 1 – 20 years, enrolled in the Medicaid program (Fee-for-Service and Managed Care) with 90 days of continuous enrollment that received preventive dental services during the fiscal year	No	Data Forthcoming	62%	Data Forthcoming	62%	62%

1. Provide access to comprehensive healthcare services for District residents. (5 Measures)

Measure	New Measure/ Benchmark Year	FY 2019 Actual	FY 2020 Target	FY 2020 Actual	FY 2021 Target	FY 2022 Target
Percent of children, ages 1-20 years, enrolled in the Medicaid program (Fee-for-Service and Managed Care) with 90 days of continuous enrollment that received a routine well-child examination during the fiscal year	No	Data Forthcoming	72%	Data Forthcoming	72%	72%

2. Ensure the delivery of high quality healthcare services to District residents. (8 Measures)

Measure	New Measure/ Benchmark Year	FY 2019 Actual	FY 2020 Target	FY 2020 Actual	FY 2021 Target	FY 2022 Target
Percentage of Medicaid Elderly and Persons with Physical Disabilities Home and Community Based Waiver complaints investigated within 7 days of receipt of complaint.	No	New in 2021	New in 2021	New in 2021	New in 2021	86%
Percentage of Medicaid Elderly and Persons with Physical Disabilities Home and Community Based Services participants who have service plans addressing personal goals	No	New in 2021	New in 2021	New in 2021	New in 2021	86%
Percentage of Medicaid Elderly and Persons with Physical Disabilities Home and Community Based Services participants who have service plans that address health & safety risks	No	New in 2021	New in 2021	New in 2021	New in 2021	86%
Percentage of Medicaid Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver program beneficiaries critical incidents where follow-up to resolve contributing factors in the incident is implemented in 30 days	No	New in 2021	New in 2021	New in 2021	New in 2021	86%
Percentage of Medicaid Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver program participants who received services specified in their individual support plan in accordance with type, scope, amount, and frequency	No	New in 2021	New in 2021	New in 2021	New in 2021	86%
Reduce hospital admissions of Medicaid Managed Care enrollees due to health conditions that may have been prevented through appropriate outpatient care	No	Data Forthcoming	10%	Data Forthcoming	10%	10%
Reduce hospital discharges of Medicaid Managed Care enrollees that were followed by a readmission for any diagnosis within 30 days	No	Data Forthcoming	10%	Data Forthcoming	10%	100%

2. Ensure the delivery of high quality healthcare services to District residents. (8 Measures)

Measure	New Measure/ Benchmark Year	FY 2019 Actual	FY 2020 Target	FY 2020 Actual	FY 2021 Target	FY 2022 Target
Reduce potentially preventable Emergency Department visits by Medicaid Managed Care enrollees that may have been avoided or appropriately treated at a lower level of care	No	Data Forthcoming	10%	Data Forthcoming	10%	10%

3. Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program. (1 Measure)

Measure	New Measure/ Benchmark Year	FY 2019 Actual	FY 2020 Target	FY 2020 Actual	FY 2021 Target	FY 2022 Target
Number of referrals to the Medicaid Fraud Control Unit or other agencies for criminal or civil resolution	No	15	14	26	14	14

4. Create and maintain a highly efficient, transparent, and responsive District government. (1 Measure)

Measure	New Measure/ Benchmark Year	FY 2019 Actual	FY 2020 Target	FY 2020 Actual	FY 2021 Target	FY 2022 Target
Percent of invoices processed accurately and in compliance with the Prompt Payment Act	No	97.6%	98%	98.7%	98%	98%

WORKLOAD MEASURES

Workload Measures, also called inputs or outputs, quantify an activity, effort or process that is necessary to make progress towards the Strategic Objectives. They help answer the question; “How much are we doing?”

1. Claims Processing

Measure	New Measure/ Benchmark Year	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual
Percent of procurement process completed for the acquisition of a new Medicaid Management Information System (MMIS) that will be a multi-payor claims adjudication system for Medicaid and other DC Government programs that process medical claims	No	-70%	-70%	-70%

2. Provider Enrollment and Screening

Measure	New Measure/ Benchmark Year	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual
Number of newly enrolled providers	No	10,034	3864	1153
Number of re-enrolled providers	No	811	1019	762

3. Eligibility

Measure	New Measure/ Benchmark Year	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual
A minimum of three (3) policy training sessions conducted per quarter for DHCF, sister agencies and other external stakeholders on eligibility related policies and procedures to ensure staff and community partners receive the training needed to accurately	No	23	17	21

4. Program Integrity

Measure	New Measure/ Benchmark Year	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual
Conduct Investigations based on complaints data analysis, input from internal and external partners, and other indications of abnormal or suspect claims	No	188	98	89
Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission	No	189	134	138
Conduct Surveillance and Utilization Review Section (SURS) audits based on data analysis, input from internal and external partners, and other indications of abnormal or suspect claims	No	233	173	173
Number of adjusted/overtaken/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	No	126	215	157
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	No	11,004	11,301	11,650

5. Benefits

Measure	New Measure/ Benchmark Year	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	No	7026	10,037	10,753
Number of District residents covered by Alliance (Year End)	No	16,240	15,619	15,836
Number of District residents covered by Medicaid (Year End)	No	252,346	252,346	263,386
Number of District residents enrolled in Adult Day Health Program	No	New in 2021	New in 2021	New in 2021
Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	No	1410	2980	3969

5. Benefits

Measure	New Measure/ Benchmark Year	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual
Number of people directly transitioned to Medicaid Home and Community-Based Services without DC Aging and Disability Resource Center transition assistance after a 90+ day stay in a nursing facility or hospital	No	New in 2021	New in 2021	New in 2021
Number of people enrolled in the Medicaid transition code that establishes eligibility for the Elderly and persons with Physical Disabilities waiver before discharged from the nursing home	No	New in 2021	New in 2021	New in 2021
Percent of District residents insured	No	96.2%	96.8%	96.5%
Produce and disseminate three (3) data analyses to share utilization and spending patterns with external stakeholders and the general public	No	2	2	3
Total number of District residents enrolled in Medicaid Assisted Living services	No	New in 2021	New in 2021	New in 2021

Performance Plan Endnotes:

*For more information about the structure and components of FY 2022 draft performance plans, please see the FY 2022 Approved Budget and Financial Plan, Volume 1, Appendix E.

**Key performance indicators that are new may not have historical data and may only have FY 2022 targets.

***To view the final versions of agency FY 2022 performance plans when they become available in December 2021, see the OCA website at <https://oca.dc.gov/>.