

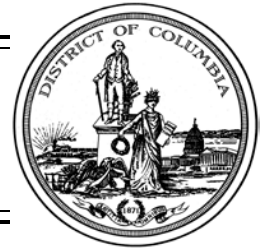
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**COMMITTEE ON HEALTH**  
COUNCILMEMBER VINCENT C. GRAY, CHAIRPERSON  
FISCAL YEAR 2020 COMMITTEE BUDGET REPORT

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**TO:** Members of the Council of the District of Columbia

**FROM:** Councilmember Vincent C. Gray  
Chairperson, Committee on Health

**DATE:** May 2, 2019

**SUBJECT:** Report and Recommendations of the Committee on Health on the Fiscal Year 2020 Budget for Agencies Under Its Purview

The Committee on Health (“Committee”), having conducted hearings and received testimony on the Mayor’s proposed operating and capital budgets for Fiscal Year 2020 (“FY 2020”) for the agencies under its purview, reports its recommendations for review and consideration by the Committee of the Whole. The Committee also comments on several sections in the Fiscal Year 2020 Budget Support Act of 2019, as proposed by the Mayor.

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# I. SUMMARY

## A. FISCAL YEAR 2020 AGENCY OPERATING BUDGET SUMMARY

	FY2018 Actuals	FY 2019 Approved	FY 2019 Mayor's Proposed	SumOfCommittee Variance	FY 20 Committee Approved
<i>D.C. Health Benefit Exchange Authority</i>					
ENTERPRISE AND OTHER FUNDS	\$40,875,683	\$31,143,597	\$31,768,832		\$31,768,832
LOCAL FUND	\$0	\$0			\$0
PRIVATE DONATIONS	\$0	\$0			\$0
<b>TOTAL</b>	<b>\$40,875,683</b>	<b>\$31,143,597</b>	<b>\$31,768,832</b>		<b>\$31,768,832</b>
<i>Department of Behavioral Health</i>					
DEDICATED TAXES	\$0	\$0	\$200,000		\$200,000
FEDERAL GRANT FUND	\$22,032,553	\$14,830,716	\$35,757,902		\$35,757,902
FEDERAL MEDICAID PAYMENTS	\$1,137,018	\$2,023,778	\$2,843,597		\$2,843,597
LOCAL FUND	\$236,813,596	\$249,751,563	\$263,117,213	(\$886,404)	\$262,230,809
OPERATING INTRA-DISTRICT FUNDS	\$13,128,637	\$13,713,229	\$14,207,309		\$14,207,309
PRIVATE DONATIONS	\$13,295	\$288,775	\$161,153		\$161,153
PRIVATE GRANT FUND	\$390,899	\$441,545	\$436,345		\$436,345
SPECIAL PURPOSE REVENUE FUNDS (O	\$2,909,563	\$2,351,648	\$2,351,648		\$2,351,648
<b>TOTAL</b>	<b>\$276,425,561</b>	<b>\$283,401,254</b>	<b>\$319,075,165</b>	<b>(\$886,404)</b>	<b>\$318,188,761</b>
<i>Department of Health</i>					
FEDERAL GRANT FUND	\$104,916,123	\$135,964,578	\$140,497,706		\$140,497,706
FEDERAL MEDICAID PAYMENTS	\$0	\$0			\$0
FEDERAL PAYMENTS	\$4,745,757	\$3,000,000	\$4,750,000		\$4,750,000
LOCAL FUND	\$78,114,109	\$84,167,610	\$82,465,094	\$4,476,652	\$86,941,746
OPERATING INTRA-DISTRICT FUNDS	\$1,630,993	\$2,124,417	\$2,120,588		\$2,120,588
PRIVATE DONATIONS	\$3,500	\$0			\$0
PRIVATE GRANT FUND	\$196,085	\$142,365	\$135,509		\$135,509
SPECIAL PURPOSE REVENUE FUNDS (O TYPE)	\$18,881,506	\$27,386,714	\$22,853,845		\$22,853,845
<b>TOTAL</b>	<b>\$208,488,074</b>	<b>\$252,785,684</b>	<b>\$252,822,742</b>	<b>\$4,476,652</b>	<b>\$257,299,394</b>
<i>Department of Health Care Finance</i>					
DEDICATED TAXES	\$82,435,108	\$83,686,775	\$68,106,466		\$68,106,466
FEDERAL GRANT FUND	\$2,521,789	\$2,321,969	\$76,807		\$76,807
FEDERAL MEDICAID PAYMENTS	\$2,159,436,652	\$2,367,409,467	\$2,331,535,201	(\$682,423)	\$2,330,852,778
LOCAL FUND	\$708,164,895	\$784,276,601	\$831,002,378	\$2,140,493	\$833,142,871
OPERATING INTRA-DISTRICT FUNDS	\$107,139,742	\$104,777,346	\$107,580,031		\$107,580,031
SPECIAL PURPOSE REVENUE FUNDS (O	\$2,629,926	\$2,955,610	\$4,050,875		\$4,050,875
<b>TOTAL</b>	<b>\$3,062,328,112</b>	<b>\$3,345,427,768</b>	<b>\$3,342,351,759</b>	<b>\$1,458,070</b>	<b>\$3,343,809,829</b>
<i>Not-for-Profit Hospital Corp. Subsidy</i>					
LOCAL FUND	\$28,593,836	\$10,000,000	\$40,000,000	(\$25,000,000)	\$15,000,000
<b>TOTAL</b>	<b>\$28,593,836</b>	<b>\$10,000,000</b>	<b>\$40,000,000</b>	<b>(\$25,000,000)</b>	<b>\$15,000,000</b>
<i>Not-for-Profit Hospital Corporation</i>					
ENTERPRISE AND OTHER FUNDS	\$0	\$144,000,000	\$170,000,000		\$170,000,000
<b>TOTAL</b>	<b>\$0</b>	<b>\$144,000,000</b>	<b>\$170,000,000</b>		<b>\$170,000,000</b>
<i>Office of the Deputy Mayor for Health and Human Services</i>					
LOCAL FUND	\$1,714,074	\$1,782,358	\$2,088,304	(\$210,347)	\$1,877,957
OPERATING INTRA-DISTRICT FUNDS	\$0	\$0			\$0
<b>TOTAL</b>	<b>\$1,714,074</b>	<b>\$1,782,358</b>	<b>\$2,088,304</b>	<b>(\$210,347)</b>	<b>\$1,877,957</b>

## B. FISCAL YEAR 2020 AGENCY FULL-TIME EQUIVALENT

	<i>FY2018 Actuals</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Mayor's Proposed</i>	<i>Committee Variance</i>	<i>FY 2020 Committee Approved</i>
<b><i>D.C. Health Benefit Exchange Authority</i></b>					
ENTERPRISE AND OTHER FUNDS	101.02	101.00	101.00		101.00
LOCAL FUND	-	-			-
PRIVATE DONATIONS	-	-			-
<b>TOTAL</b>		<b>101.00</b>	<b>101.00</b>		<b>101.00</b>
<b><i>D.C. Health Benefit Exchange Subsidy</i></b>					
DEDICATED TAXES	-	-	-		-
<b>TOTAL</b>		<b>-</b>	<b>-</b>		<b>-</b>
<b><i>Department of Behavioral Health</i></b>					
DEDICATED TAXES	-	-	-		-
FEDERAL GRANT FUND	112.95	94.75	90.85		90.85
FEDERAL MEDICAID PAYMENTS	5.00	5.00	5.00		5.00
LOCAL FUND	1,161.76	1,225.08	1,222.08	(11.00)	1,211.08
OPERATING INTRA-DISTRICT FUNDS	107.24	67.76	72.76		72.76
PRIVATE DONATIONS	-	-	-		-
PRIVATE GRANT FUND	1.00	1.00	-		-
SPECIAL PURPOSE REVENUE FUNDS (O	36.75	15.25	15.25		15.25
<b>TOTAL</b>		<b>1,408.84</b>	<b>1,405.94</b>	<b>(11.00)</b>	<b>1,394.94</b>
<b><i>Department of Health</i></b>					
FEDERAL GRANT FUND	266.23	324.30	294.37		294.37
FEDERAL MEDICAID PAYMENTS	-	-	-		-
FEDERAL PAYMENTS	-	-	-		-
LOCAL FUND	131.44	156.13	165.47	3.00	168.47
OPERATING INTRA-DISTRICT FUNDS	1.00	3.00	4.00		4.00
PRIVATE DONATIONS	-	-	-		-
PRIVATE GRANT FUND	-	1.00	-		-
SPECIAL PURPOSE REVENUE FUNDS (O	112.52	152.44	147.00		147.00
<b>TOTAL</b>		<b>636.87</b>	<b>610.84</b>	<b>3.00</b>	<b>613.84</b>
<b><i>Department of Health Care Finance</i></b>					
DEDICATED TAXES	6.05	5.50	5.50		5.50
FEDERAL GRANT FUND	-	-	-		-
FEDERAL MEDICAID PAYMENTS	197.04	164.38	192.83		192.83
LOCAL FUND	116.45	158.17	144.86	(9.00)	135.86
OPERATING INTRA-DISTRICT FUNDS	1.42	5.18	4.26		4.26
SPECIAL PURPOSE REVENUE FUNDS (O	13.10	17.80	15.60		15.60
<b>TOTAL</b>		<b>351.03</b>	<b>363.05</b>	<b>(9.00)</b>	<b>354.05</b>
<b><i>Not-for-Profit Hospital Corp. Subsidy</i></b>					
LOCAL FUND	-	-	-		-
<b>TOTAL</b>		<b>-</b>	<b>-</b>		<b>-</b>
<b><i>Not-for-Profit Hospital Corporation</i></b>					
ENTERPRISE AND OTHER FUNDS	-	-	-		-
<b>TOTAL</b>		<b>-</b>	<b>-</b>		<b>-</b>
<b><i>Office of the Deputy Mayor for Health and Human Services</i></b>					
LOCAL FUND	11.75	11.75	13.75	(2.00)	11.75
OPERATING INTRA-DISTRICT FUNDS	-	-	-		-
<b>TOTAL</b>		<b>11.75</b>	<b>13.75</b>	<b>(2.00)</b>	<b>11.75</b>

## C. FY 2020 - 2025 AGENCY CAPITAL BUDGET SUMMARY

Project No.	Project Title	Scenario	Unspent Allotment	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	6-year total
<b>Department of Behavioral Health</b>										
HX990	Facility Upgrades	Mayor's Submission	\$835,000	\$350,000	\$0	\$0	\$0	\$0	\$0	\$350,000
		Committee Variance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Committee Mark-up	\$835,000	\$350,000	\$0	\$0	\$0	\$0	\$0	\$0
HX998	Modernization at St. Elizabeths	Mayor's Submission	\$500,000	\$1,325,000	\$0	\$0	\$0	\$0	\$0	\$1,325,000
		Committee Variance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Committee Mark-up	\$500,000	\$1,325,000	\$0	\$0	\$0	\$0	\$0	\$0
DB203	Intercom System	Mayor's Submission	\$0	\$300,000	\$0	\$0	\$0	\$0	\$0	\$300,000
		Committee Variance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Committee Mark-up	\$0	\$300,000	\$0	\$0	\$0	\$0	\$0	\$0
HX993	Pharmacy Medicine Dispensing Upgrade	Mayor's Submission	\$0	\$1,038,000	\$0	\$0	\$0	\$0	\$0	\$1,038,000
		Committee Variance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Committee Markup	\$0	\$1,038,000	\$0	\$0	\$0	\$0	\$0	\$0
DB202	Thermal Docking Station	Mayor's Submission	\$0	\$500,000	\$0	\$0	\$0	\$0	\$0	\$500,000
		Committee Variance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Committee Mark-up	\$0	\$500,000	\$0	\$0	\$0	\$0	\$0	\$0
<b>Department of Health Care Finance</b>										
MES23	DCAS Release 3	Mayor's Submission	\$105,424,476	\$13,162,000	\$13,154,000	\$9,005,000	\$8,831,000	\$7,612,000	\$0	\$51,764,000
		Committee Variance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Committee Mark-up	\$105,424,476	\$13,162,000	\$13,154,000	\$9,005,000	\$8,831,000	\$7,612,000	\$0	\$0
MPM05	Medicaid Data Warehouse – Go Bond	Mayor's Submission	\$2,373,363	\$400,000	\$0	\$0	\$0	\$0	\$0	\$400,000
		Committee Variance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Committee Mark-up	\$2,373,363	\$400,000	\$0	\$0	\$0	\$0	\$0	\$0
CM102	Replace Case Management System	Mayor's Submission	\$2,378,391	\$75,000	\$0	\$0	\$0	\$0	\$0	\$75,000
		Committee Variance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Committee Markup	\$2,378,391	\$75,000	\$0	\$0	\$0	\$0	\$0	\$0
UMV01	St. Elizabeths Medical Center	Mayor's Submission	\$8,700,000	\$46,000,000	\$72,000,000	\$87,000,000	\$111,800,000	\$0	\$0	\$316,800,000
		Committee Variance	\$0	\$0	\$198,800,000	(\$87,000,000)	(\$111,800,000)	\$0	\$0	\$0
		Committee Markup	\$8,700,000	\$46,000,000	\$270,800,000	\$0	\$0	\$0	\$0	\$0
UMC02	United Medical Center Improvements	Mayor's Submission	\$14,835,231	\$4,500,000	\$3,000,000	\$2,300,000	\$0	\$0	\$0	\$9,800,000
		Committee Variance	\$0	(2,200,000)	(\$3,000,000)	(\$2,300,000)	\$0	\$0	\$0	(\$7,500,000)
		Committee Mark-up	\$14,835,231	\$2,300,000	\$0	\$0	\$0	\$0	\$0	\$0

## D. TRANSFERS IN FROM OTHER COMMITTEES

Sending Committee	Amount	FTEs	Receiving agency	Program	Purpose	Recurring or One-Time
Facilities & Procurement	\$40,000		Department of Health	8200	Birth Certificate Fee Waivers for Returning Citizens to Implement the Returning Citizens Opportunity to Succeed Act Subtitle	Recurring
Transportation & Environment	\$26,201	2	Department of Health	8500	B22-666 WIC Expansion	Recurring
Transportation & Environment	\$80,000		Department of Health	8500	B22-666 WIC Program Expansion	One-time

<i>Sending Committee</i>	<i>Amount</i>	<i>FTEs</i>	<i>Receiving agency</i>	<i>Program</i>	<i>Purpose</i>	<i>Recurring or One-Time</i>
Transportation & Environment	\$119,799	2	Department of Health	8500	B22-666 WIC Expansion	Recurring
Transportation & Environment	\$250,000		Department of Health	8500	Produce Rx	Recurring
Government Ops	\$95,000		Department of Health	8500	Hearing Aid Pilot Program	One-time
Human Services	\$150,000		Department of Health	8500	BSA Subtitle Leverage for Our Future Act of 2019	One-time
Business & Economic Development	\$75,000		Department of Health	8500	"Birth to Three" (B22-203) Healthy Steps	Recurring
<b>Total</b>	<b>\$836,000</b>	<b>4</b>				

## E. TRANSFERS OUT TO OTHER COMMITTEES

<i>Receiving Committee</i>	<i>Amount</i>	<i>Purpose</i>	<i>Recurring or One-Time</i>
Committee of the Whole	\$1,948,148	Support Required Debt Service	One-time
Business & Economic Development	\$150,000	Small business relief fund for businesses impacted by the Minnesota Avenue revitalization	One-time
Committee of the Whole	\$100,000	Events DC for the Title IX Conference and Classic	One-time
Business & Economic Development	\$35,000	Additional Clean Team funding for Deanwood Heights Main Street	One-time
Education	\$3,363,176	DCPS (to contribute to a Council-wide solution via UPSFF)	One-time
Education	\$2,808,419	DC Public Charter Schools (to contribute to a Council-wide solution via UPSFF)	One-time
Education	\$5,000	To run a reading program at Houston Elementary School	One-time
Facilities & Procurement	\$40,000	Feasibility study of a physical expansion of Benning-Stoddert Recreation Center	One-time
Facilities & Procurement	\$40,000	Feasibility study of River Terrace Community & Recreation Center	One-time
Finance & Revenue	\$246,000	B23-0061 – Senior Citizen Tax Cap Transfer Act of 2019	One-time
Government Ops	\$50,000	Office of African-American Affairs	One-time
Housing & Neighborhood Revitalization	\$100,000	Senior Strategic Plan	Recurring
Housing & Neighborhood Revitalization	\$383,000	Grant for Club Memory Program and Alzheimer's Support Services	One-time
Housing & Neighborhood Revitalization	\$35,000	Homeownership stabilization pilot in the Deanwood area	One-time
Housing & Neighborhood Revitalization	\$10,000	Funding for senior events at the JW King Senior Center and the Benning Park Community Center Apartments	One-time

<i>Receiving Committee</i>	<i>Amount</i>	<i>Purpose</i>	<i>Recurring or One-Time</i>
Recreation & Youth Affairs	\$50,000	Deanwood Recreation Center pool maintenance, including fixing the slide	One-time
Recreation & Youth Affairs	\$25,000	To pilot eSports gaming club at Deanwood Tech Lounge	One-time
Recreation & Youth Affairs	\$20,000	Digital Marquee at Deanwood Rec	One-time
Recreation & Youth Affairs	\$5,000	Real-time transit display at Deanwood Rec Center	One-time
Judiciary & Public Safety	\$100,000	Cure the Streets Initiative	One-time
Judiciary & Public Safety	\$81,247	PSAs in the Sixth District with the highest rates of violent crime	One-time
Judiciary & Public Safety	\$50,000	Prostitution task force support in the Sixth District	One-time
Transportation & Environment	\$150,000	Vision Zero safety improvements at Minnesota Ave., Nash St., and 48 <sup>th</sup> St.	One-time
Transportation & Environment	\$25,000	Targeted Alleypalooza Deanwood	One-time
<b>Total</b>	<b>\$9,819,990</b>		

## F. FUNDING OF BUDGET SUPPORT ACT SUBTITLES

<i>Subtitle</i>	<i>Agency</i>	<i>Amount</i>
Dementia Services Coordinator Act of 2019	Department of Health	\$1,178,262
Medical Marijuana Patient Health and Accessibility Improvement Act of 2019	Department of Health	\$1,113,432
Department of Health Care Finance Grant-Making Amendment Act of 2019	Department of Health Care Finance	\$850,000
Not-for-Profit Hospital Corporation Fiscal Oversight and Transition Planning Act of 2019	Not-for-Profit Hospital Corporation	\$600,000
Medicaid Hospital Supplemental Payment Amendment Act of 2019	Department of Health Care Finance	\$0
D.C. Healthcare Alliance Reform Amendment Act of 2019	Department of Health Care Finance	\$2,464,394
Leverage for our Future Act of 2019	Department of Health	\$150,000
<b>Total</b>		<b>\$6,356,088</b>

## G. SUMMARY OF COMMITTEE BUDGET RECOMMENDATIONS

See attachment H.

## **II. AGENCY FISCAL YEAR 2020 BUDGET RECOMMENDATIONS**

### **A. INTRODUCTION**

The Committee is responsible for programmatic and budgetary oversight of matters concerning health and environmental health, the regulation of health occupations and professionals, and health-care inspectors. The Committee reviews and approves the budget for six District agencies, as well as a handful of boards and commissions. The Committee works closely with these agencies, District residents, and community advocates to craft careful and deliberate policies for public health services and programs. The Committee is chaired by Councilmember Vincent C. Gray; the other members are Councilmembers Mary M. Cheh, Brianne K. Nadeau, David Grosso, and Brandon T. Todd.

The District agencies, boards, and commissions that come under the Committee's purview are as follows:

- Advisory Committee on Acupuncture
- Advisory Committee on Anesthesiologist Assistants
- Advisory Committee on Clinical Laboratory Practitioners
- Advisory Committee on Naturopathic Medicine
- Advisory Committee on Physician Assistants
- Advisory Committee on Polysomnography
- Advisory Committee on Surgical Assistants
- Board of Allied Health
- Board of Audiology and Speech-Language Pathology
- Board of Behavioral Health
- Board of Chiropractic
- Board of Dentistry
- Board of Dietetics and Nutrition
- Board of Long-Term Care Administration
- Board of Marriage and Family Therapy
- Board of Massage Therapy
- Board of Medicine
- Board of Nursing
- Board of Occupational Therapy
- Board of Optometry
- Board of Pharmacy
- Board of Physical Therapy
- Board of Podiatry
- Board of Professional Counseling
- Board of Psychology
- Board of Respiratory Care
- Board of Social Work
- Board of Veterinary Medicine



- Commission on Health Disparities
- Commission on Health Equity
- Commission on HIV/AIDS
- Committee on Metabolic Disorders
- Council on Physical Fitness, Health, and Nutrition
- Department of Behavioral Health
- Department of Health
- Department of Health Care Finance
- Deputy Mayor for Health and Human Services
- District of Columbia Health Benefit Exchange Authority
- Health Information Exchange Policy Board
- Health Literacy Council
- Mental Health Planning Council
- Metropolitan Washington Regional Ryan White Planning Council
- Not-For-Profit Hospital Corporation
- Statewide Health Coordinating Council

The Committee held performance and budget oversight hearings on the following dates:

<i><b>Performance Oversight Hearings</b></i>	
<b>February 6, 2019</b>	Deputy Mayor for Health and Human Services Department of Health Care Finance Not-For-Profit Hospital Corporation Not-For-Profit Hospital Board
<b>February 8, 2019</b>	Department of Health
<b>February 12, 2019</b>	Department of Behavioral Health
<b>February 19, 2019</b>	District of Columbia Health Benefit Exchange Authority

<i><b>Budget Oversight Hearings</b></i>	
<b>March 29, 2019</b>	Deputy Mayor for Health and Human Services Department of Health Care Finance Not-For-Profit Hospital Corporation Not-For-Profit Hospital Board
<b>March 29, 2019</b>	Department of Behavioral Health
<b>April 9, 2019</b>	Department of Health
<b>April 23, 2019</b>	District of Columbia Health Benefit Exchange Authority

The Committee received important comments from members of the public during these hearings. Copies of witness testimony are included in this report as *Attachments A-H*. A video recording of the hearings can be obtained through the Office of Cable Television or at *oct.dc.gov*. The Committee continues to welcome public input on the agencies and activities within its purview.

## **B. DEPARTMENT OF HEALTH**

### **1. AGENCY MISSION AND OVERVIEW**

The mission of the Department of Health (DOH) is to promote health, wellness, and equity across the District, and protect the safety of residents, visitors, and those doing business in the nation’s capital.

The Department of Health provides programs and services with the ultimate goal of reducing the burden of disease and improving opportunities for health and well-being for all District residents and visitors. DOH does this through a number of mechanisms that center around prevention, promotion of health, expanding access to health care, and increasing health equity. The department provides public health management and leadership through policy, planning, and evaluation; fiscal oversight; human resource management; grants and contracts management; information technology; government relations; risk management; communication and community relations; legal oversight; and facilities management. The DOH performance plan is based on three priority areas: (1) health and wellness promotion, (2) promoting health equity, and (3) public health systems enhancement. DOH is organized into the following 8 divisions:

**Health Emergency Preparedness and Response Administration (HEPRA)** – provides regulatory oversight of Emergency Medical Services and ensures that DOH and its partners are prepared to respond to citywide medical and public health emergencies, such as those resulting from terrorist attacks, large accidents, or natural events such as weather-related emergencies. This division contains the following 5 activities:

- **Public Health Emergency Preparedness** – provides the District’s response to the emergency medical needs of its visitors and residents. The responsibilities cover a wide range of activities, including the development and training of emergency response plans, coordination of medical response with federal regional and local partners across the healthcare system, and coordination of volunteers through the Medical Reserve Corps. HEPRA also works with community and community organizations to withstand and bounce back from natural and man-made disasters. Resilient communities leverage community connections, relationships, and resources to ensure optimal health and security for individuals and families in both routine and emergency situations;
- **Public Health Emergency Operations and Program Support** – supports government and private partners with the development of their health and safety plans, emergency operation plans, and training exercises. The program also provides a public health command and control element that coordinates all DOH

assets and operations during incidents, special events, and national special security events. Pharmaceutical Procurement and Distribution acquires and distributes over \$58 million of life-saving medications for the DOH programs that will allow as many District residents as possible access to medications. It also provides clinical support, formulary management, and quality assurance monitoring to address the needs of all DOH programs that utilize or distribute pharmaceuticals. The program also maintains the Strategic National Stockpile (SNS) of drugs for the Washington, DC region in the event of a declared national emergency;

- **Epidemiology Disease Surveillance and Investigation** – HEPRA works with community and community organizations to withstand and bounce back from natural and man-made disasters. Resilient communities leverage community connections, relationships, and resources to ensure optimal health and security for individuals and families in both routine and emergency situations; see also the Center for Policy, Planning, and Evaluation (CPPE), which provides surveillance, investigation, and control of reportable diseases, disease outbreaks, and other public health threats within the District of Columbia (excluding sexually transmitted diseases (STDs), hepatitis, HIV/AIDS, and tuberculosis (TB));
- **Emergency Medical Services Regulation** – provides oversight and regulation of Emergency Medical Services (EMS), including certification and regulation of District of Columbia EMS providers, ambulance agencies, and EMS educational institutions. The program monitors training standards and certifies instructional programs and instructors. In addition, it provides inspection and certification of all ambulances operated in the District whether they are governmental, private, or volunteer; and
- **Office of the Senior Deputy Director** – provides overall direction, policy development, and supervision for the four subordinate activities.
- **HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)** – partners with health and community-based organizations to provide HIV/AIDS, hepatitis, STD, and TB prevention and care services. Services include prevention tools and interventions, medical care and supportive services, housing services for persons living with HIV/AIDS, HIV counseling and testing, and data and information on disease-specific programs and services. Furthermore, the administration provides information on the impact of these diseases on the community as well as education, referrals, and intervention services. The AIDS Drug Assistance Program (ADAP) provides drugs at no cost to eligible District residents who are HIV-positive or have AIDS. HAHSTA administers the District’s budget for HIV/AIDS, hepatitis, STD, and TB programs; provides grants to service providers; provides direct services for TB and STDs; monitors programs; and tracks the rates of HIV, hepatitis, STDs, and TB in the District of Columbia. This division contains the following 10 activities:

- **HIV/AIDS Support Services** – provides overall management, planning, direction and support for the HIV/AIDS, STD, TB and adult hepatitis surveillance, prevention, treatment, care, and control programs. It also provides HIV/AIDS information to individuals and community organizations, coordinates HAHSTA participation in public events, prepares written and other resources for public distribution, and manages special projects;
- **HIV/AIDS Policy and Planning** – provides community capacity to more effectively respond to the HIV/AIDS and STD epidemics through the Effi Barry program, which provides training and technical assistance to small, ward-based community organizations, a social marketing program aiming to promote health behavior to reduce risk of disease, and a free condom distribution program. It writes reports and creates other written materials for public distribution; and it provides HIV/AIDS, STD, TB, and hepatitis information to government agencies, community organizations, media, and individuals. It also coordinates participation in public events;
- **HIV Health and Support Services** – provides a comprehensive range of primary medical care and supportive services for persons living with HIV and AIDS;
- **HIV/AIDS Data and Research** – provides a comprehensive picture of the HIV/AIDS epidemic in the District of Columbia for purposes of ensuring that the needs of people infected with HIV, or at risk of infection, are met. It collaborates with healthcare providers and laboratories to collect and maintain comprehensive HIV/AIDS data in a confidential and secure manner; analyzes, interprets, and distributes epidemiologic information for use in developing public policy, planning, and evaluating prevention intervention and health care services; and supports funding requests;
- **Prevention and Intervention Services** – provides comprehensive HIV prevention programs and services through community organizations to the residents of the District of Columbia. Prevention programs include health education, HIV testing and counseling services, science-based prevention programs, and other support services, including condom distribution. In addition, the program monitors organizations to ensure that quality prevention services are being delivered through program evaluation and quality assurance activities as well as through the provision of capacity building, training, and technical assistance to sub-grantees;
- **AIDS Drug Assistance Program (ADAP)** – provides assistance with deductibles, co-payments, and health insurance/Medicare Part D premiums. DC ADAP also provides an entry point for other District health programs available to people living with HIV/AIDS;

- **Grants and Contracts Management** – provides fiscal and administrative monitoring of District and federally appropriated funds in the form of over 100 grants and sub-grants to more than 50 providers. Fiscal monitoring includes ensuring that grant funds are expended in accordance with federal and local grant regulations, conducting site visits, providing technical assistance to grantees and sub-grantees, and providing continued analysis of grant spending to program counterparts;
- **Sexually Transmitted Disease (STD) Control** – provides assistance to prevent and control sexually transmitted diseases in the District of Columbia through the provision of clinical services, partnerships with local community providers, and promotion of healthy sexual behavior. The program also conducts surveillance for statistical purposes to track diseases and partner notification;
- **Tuberculosis Control** – provides direct care services to District residents, including clinical follow-up for active and/or suspected tuberculosis cases, directly observed therapy, preventive therapy, chest x-rays, contact investigations, and case management; and
- **HIV/AIDS Housing and Supportive Services** – provides housing support, emergency shelter, and other related services to help persons living with HIV and AIDS and their families achieve independent living.

**Health Regulation and Licensing Administration (HRLA)** – is comprised of the Office of Health Professional Licensing Boards, the Office of Health Care Facilities, the Office of Food, Drug, Radiation and Community Hygiene, and HRLA Support services. This division contains the following 4 activities:

- **Office of Health Professional License Administration** – the Office of Health Professional Licensing Boards administers the licensure of almost 70,000 health professionals in the District of Columbia supporting 19 health professional boards. The Office also executes the investigation of consumer incidents or complaints against health professionals and recommends enforcement, if necessary, to bring licensees into compliance with District and federal law. The health professional boards advise the Department of Health in matters pertaining to the development of rules and regulations for health professionals and provide additional services, including licensure verification and licensure examinations;
- **Office of Food, Drug, Radiation and Community Hygiene Regulation** – provides varied inspection and regulatory services. The Food Safety and Hygiene Inspection Services regulates smoking bans in establishments and food services that are provided in boarding homes, commission merchants, dairies, delicatessens, bakeries, candy and ice cream manufacturers, grocery stores, retail markets, restaurants, wholesale markets, mobile vendors, and hotels. The

Division of Community Hygiene provides abatement notices, inspection of premises, code enforcement, premises baited, catch basin larvicide, community education and outreach, investigation of bite cases, issuance of dog and cat licenses, vaccinations, animal adoptions, spay and neutering, dead animal pick-up, and dangerous dog control services in the District. The Division of Radiation seeks to eliminate radiation overexposure of persons from naturally-occurring and man-made radiation by the inspection of dental x-ray tubes and medical x-rays and the regulation of health physicists, suppliers, and radioactive-material users in the District of Columbia;

- **Office of Health Care Facilities Regulation** – the Health and Intermediate Care Facility Divisions administer all District and federal laws and regulations governing the licensure, certification and regulation of all health care facilities in the District of Columbia. In this role, HRLA staff inspects health care facilities and providers who participate in the Medicare and Medicaid programs, responds to consumer and self-reported facility incidents and/or complaints, and conducts investigations, if indicated. When necessary, HRLA takes enforcement actions to compel facilities, providers, and suppliers to come into compliance with District and federal law; and
- **Medical Marijuana** – allows all qualifying patients to have the right to obtain and use marijuana for medical purposes when his or her primary physician has provided a written recommendation that bears his or her signature and license number. This recommendation must assert that the use of marijuana is medically necessary for the patient for the treatment of a qualifying medical condition or to mitigate the side effects of a qualifying medical treatment.

**Office of Health Equity (OHE)** – works to address the root cause of health disparities, beyond health care, and health behaviors by supporting projects, policies and research that will enable every resident to achieve their optimal level of health. The Office achieves its mission by informing, educating, and empowering people about health issues and facilitating multi-sector partnerships to identify and solve community health problems related to the social determinants of health. As the newest division of the DOH, this Office is charged with providing leadership to the evidence-based paradigm and practice change effort essential to promoting and achieving health equity, including practitioners not only within DOH, but across District government, as well as with other public, private and non-profit entities, including community residents. This division contains the following 3 activities:

- **Multi Sector Collaboration** – will provide informed, data-driven and evidence-based leadership in convening and sustaining effective multi-sector collaborative partnerships essential to promote and achieve health equity; will use a “health in all policies” (HIAP) approach to improving community health; and will serve as liaison and technical advisor to all DOH Administrations regarding health equity, as well as to external District government agencies and private partners;



- **Community Based Participatory Research and Policy Evaluation** – applies data-driven and evidence-based research methods, tools and practices, including Geographic Information Systems (GIS) and other innovative methodologies, to measure social determinant and population health outcomes, including current and projected opportunities for health, disparate outcomes, and inequities by socioeconomic and demographic subpopulation and geographic location. This core function includes support for design, development and implementation of Health Equity Programs and their evaluation, including community-based participatory research, and publication of reports that inform the policy-making process as well as building the evidence base; and
- **Health Equity Practice and Program Implementation** – develops and delivers selected programs and initiatives with demonstrable strategic health-equity ‘nexus’ and operationalization potential, so as to contribute to and inform the essential paradigm shift in policy and practice to improve population health and promote more equitable opportunities for health, especially amongst vulnerable populations.

**Center for Policy, Planning, and Evaluation (CPPE)** – is responsible for developing an integrated public health information system to support health policy decisions, state health planning activities, performance analysis, and direction setting for department programs; health policy, health planning and development; health research and analysis; vital records; disease surveillance and outbreak investigation; and planning, directing, coordinating, administering, and supervising a comprehensive Epidemiology and Health Risk Assessment program, which involves federal, state, county, and municipal functions. This division contains the following 4 activities:

- **Epidemiology Disease Surveillance and Investigation** – provides surveillance, investigation, and control of reportable diseases, disease outbreaks, and other public health threats within the District of Columbia (excluding sexually transmitted diseases (STDs), hepatitis, HIV/AIDS, and tuberculosis (TB));
- **Research, Evaluation, and Measurement** – plans and coordinates epidemiologic studies and outbreak investigations, defines the health status of residents, and assists with tracking of health events. This includes planning, development and coordination of appropriate methodologies to collect and process data as well as monitoring and evaluation of health and social issues. The division responds to internal and external inquiries about various health events and provides reports on health risk behaviors to both internal and external entities;
- **State Center for Health Statistics** – collects, processes, analyzes, and disseminates birth and death record information and other vital statistics data and information. It is responsible for the statistical analyses of the data

generated from birth, death, and other vital records information. In addition, it develops comprehensive statistical and epidemiologic reports on District residents' health status; and

- **State Health Planning and Development** – develops the District's State Health Plan and Annual Implementation, and reviews and approves Certificate of Need applications that allow health care providers to establish new services, make certain capital expenditures, or take other actions as specified in the law. The activity is also responsible for monitoring free care requirements of hospitals and other health care providers.

**Community Health Administration (CHA)** – promotes healthy behaviors and healthy environments to improve health outcomes and reduce disparities in the leading causes of mortality and morbidity in the District. CHA focuses on nutrition and physical fitness promotion; cancer and chronic disease prevention and control; access to quality health care services, particularly medical and dental homes; and the health of families across the lifespan. CHA's approach targets the behavioral, clinical, and social determinants of health through evidence-based programs, policy, and systems change. This division contains the following 6 activities:

- **Cancer and Chronic Disease Prevention** – develops, implements and evaluates programs and policy aimed at preventing and controlling the leading causes of death in the District. The Bureau implements cancer control and prevention initiatives aimed at reducing the high rates of cancer-related mortality among District residents. Its programs target treatable or preventable cancers, such as breast, cervical, lung, and colorectal, through primary and secondary prevention. The Bureau also works to reduce the impact of chronic conditions such as cardiovascular disease, hypertension, and diabetes mellitus, by developing innovative management approaches and building community partnerships. It supports clinical quality improvement initiatives, which include developing decision support tools and participating in the design of clinical delivery systems, and it provides expert technical assistance to clinical and community settings around best practices for chronic disease prevention and management. The Bureau implements social marketing campaigns to change social norms and introduces long-lasting protective interventions, like cancer screening and tobacco cessation and treatment programs. The Bureau also helps strengthen the infrastructure for chronic disease care and promotes population-based policy strategies to reduce the common risk factors for chronic disease, including tobacco use, poor nutrition, and physical inactivity;
- **Health Care Access Bureau** – supports population-based programs to improve access to quality primary care services for residents. The Bureau works to support and promote medical and dental homes so that all residents can access comprehensive preventive medical and dental services. The Bureau administers the State Oral Health Program, the Immunization program including its Vaccines for Children program and the immunization registry, and health care workforce development programs. By administering the District's Health Professional



Shortage Areas and Medically Underserved Area programs, the Bureau is a key component of the District's health planning infrastructure. The Bureau also supports innovations in primary care service delivery and quality, diffusion of primary care access to underserved communities, and linkages to primary care services regardless of resident's ability to pay. The Bureau also ensures that underserved populations maintain access and linkages to healthcare services and the services provided by other CHA bureaus;

- **Family Health Bureau** – works to improve perinatal, early childhood, and child and adolescent health outcomes so that every child in the District of Columbia is healthy and able to thrive in school and beyond. The Bureau supports the development of a coordinated, culturally competent, family-centered health care delivery system; promotes community and clinical linkages for women, parents, children and adolescents; and works to align and integrate services to connect District families with resources they need. It also provides expert technical assistance and builds the capacity of clinical and community-based organizations to deliver evidence-based practices and innovative programs in perinatal, early childhood, child, and adolescent health directly in communities. In addition, the Bureau facilitates school-based health services and coordinates with education partners to implement policies and programs that support healthy school environments that support the whole child;
- **Support Services** – provides overall oversight of all of the programs and operations of CHA. Provides strategic direction for the administration and represents the agency within District government and to community stakeholders. Sets priorities for administration activities and leads policy development, planning, and operational management. It also includes program support services, whose purpose is to ensure efficient and effective daily operations across the administration through the development, implementation, execution, and review of all administrative functions and policies, including administration-specific human resources, information technology, facilities, and customer service activities; a grant and budget monitoring unit, whose purpose is to uniformly address all of the administration's fiscal duties, including responsibility for the development of, oversight over the execution of, and reporting of the fiscal year budget; provision of support for all local and grant-funded Administration programs; procurement, monitoring, and evaluation for all non-personnel activities, such as contracts, memoranda of understanding, and sub-grants; implementation of comprehensive strategic fiscal plans to include allocation of personnel costs across all administration funding sources; and a program evaluation unit, whose purpose is to collaborate with program and fiscal staff to ensure effective and efficient performance of sub grantees. Program analysts will review and provide ongoing feedback on performance metrics and process and outcome measures to program staff and sub grantees, provide technical assistance around evaluation and measurement, and advise on performance improvement activities. They will work closely with grant monitors as well as program staff to ensure positive impact of funded initiatives.

A Deputy Director of Programs and Policy (DDPP) unit leads the activities of CHA that address the determinants of health in the District of Columbia. The DDPP oversees implementation of evidence-based programs and policies to prevent illness and injury, promote healthy behaviors and healthy environments across the lifespan, improve access to medical and dental homes, and foster clinical quality improvement and innovation. The DDPP ensures that CHA programs follow best practices and are aligned with the core public health functions and essential services. The DDPP serves as the Title V Maternal and Child Health Block Grant Director and oversees the four programmatic bureaus within CHA, the Cancer and Chronic Disease Prevention Bureau, the Nutrition and Physical Fitness Bureau, the Health Care Access Bureau, and the Family Health Bureau;

- **Perinatal and Infant Health** – provides comprehensive services to improve perinatal outcomes for high-risk pregnant and parenting women, the health and development of their infants into early childhood, and health outcomes for children with special healthcare needs by facilitating access to coordinated primary and specialty health care and other services in partnership with their families and community organizations. The overarching goal is to reduce infant mortality and perinatal health disparities in the District of Columbia primarily through a home visiting approach; and
- **Nutrition and Physical Fitness** – promotes health and reduces obesity among District residents by encouraging behavior change through direct nutrition and physical activity education and by facilitating policy, systems, and environmental changes that make healthy choices the easy choice in every community. The Bureau administers programs that supply food or funds for food such as the Supplemental Nutrition Assistance Program, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Produce Plus Program, pop-up community markets, and other programs to impact socioeconomic factors that influence access to healthy foods. The Bureau also provides food, health and nutrition assessments and intervention, as well as education and counseling aimed at improving dietary habits and overall nutrition. Nutritional support is coupled with programs to promote physical activity and to decrease obesity.

**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.

## **2. FISCAL YEAR 2020 OPERATING BUDGET**

<i>Department of Health Fiscal Year 2020 Operating Budget, By Revenue Type</i>					
<i>Fund Type</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
FEDERAL GRANT FUND	\$104,916,123	\$135,964,578	\$140,497,706		\$140,497,706
FEDERAL MEDICAID PAYMENTS	\$0	\$0			\$0
FEDERAL PAYMENTS	\$4,745,757	\$3,000,000	\$4,750,000		\$4,750,000
LOCAL FUND	\$78,114,109	\$84,167,610	\$82,465,094	\$4,476,652	\$86,941,746
OPERATING INTRA-DISTRICT FUNDS	\$1,630,993	\$2,124,417	\$2,120,588		\$2,120,588
PRIVATE DONATIONS	\$3,500	\$0			\$0
PRIVATE GRANT FUND	\$196,085	\$142,365	\$135,509		\$135,509
SPECIAL PURPOSE REVENUE FUNDS (O'TYPE)	\$18,881,506	\$27,386,714	\$22,853,845		\$22,853,845
<b>Gross Funds</b>	<b>\$208,488,074</b>	<b>\$252,785,684</b>	<b>\$252,822,742</b>	<b>\$4,476,652</b>	<b>\$257,299,394</b>

<i>Department of Health Fiscal Year 2020 Full-Time Equivalents, By Revenue Type</i>					
<i>Program</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
FEDERAL GRANT FUND	266.23	324.30	294.37		294.37
FEDERAL MEDICAID PAYMENTS	-	-			-
FEDERAL PAYMENTS	-	-	-		-
LOCAL FUND	131.44	156.13	165.47	3.00	168.47
OPERATING INTRA-DISTRICT FUNDS	1.00	3.00	4.00		4.00
PRIVATE DONATIONS	-	-			-
PRIVATE GRANT FUND	-	1.00	-		-
SPECIAL PURPOSE REVENUE FUNDS (O'TYPE)	112.52	152.44	147.00		147.00
<b>Total</b>		<b>636.87</b>	<b>610.84</b>	<b>3.00</b>	<b>613.84</b>

<b>Department of Health Fiscal Year 2020 Operating Budget, By Comptroller Source Group (Gross Funds)</b>					
<b>Source Group</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Approved</b>	<b>FY 2020 Proposed</b>	<b>Sum of Committee Variance</b>	<b>Committee Approved</b>
0011	\$41,028,499	\$47,676,366	\$47,896,277	\$280,937	\$48,177,214
0012	\$9,277,541	\$9,757,388	\$9,027,306		\$9,027,306
0013	\$596,898	\$0	\$397,952		\$397,952
0014	\$11,117,355	\$12,478,541	\$12,762,676	\$61,443	\$12,824,118
0015	\$178,636	\$59,513	\$59,513		\$59,513
0020	\$5,994,193	\$9,414,912	\$8,508,580	\$1,125,000	\$9,633,580
0030	\$301,302	\$198,713	\$198,713		\$198,713
0031	\$1,464,973	\$1,481,394	\$1,539,597		\$1,539,597
0032	\$12,629,742	\$12,990,009	\$12,884,016		\$12,884,016
0034	\$437,475	\$448,522	\$448,522		\$448,522
0035	\$258,528	\$402,305	\$402,305		\$402,305
0040	\$3,473,390	\$4,419,853	\$4,254,992	\$40,000	\$4,294,992
0041	\$51,105,947	\$59,609,208	\$40,181,605	\$1,600,000	\$41,781,605
0050	\$70,283,364	\$93,558,124	\$111,134,818	\$1,369,272	\$112,504,090
0070	\$340,230	\$290,836	\$3,125,872		\$3,125,872
<b>TOTAL</b>	<b>\$208,488,074</b>	<b>\$252,785,684</b>	<b>\$252,822,742</b>	<b>\$4,476,652</b>	<b>\$ 257,299,395</b>

<b>Department of Health Fiscal Year 2020 Operating Budget, By Program (Gross Funds)</b>					
<b>Program</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Approved</b>	<b>FY 2020 Proposed</b>	<b>Sum of Committee Variance</b>	<b>Committee Approved</b>
1000	\$24,528,926	\$26,819,639	\$27,243,680	(\$600,000)	\$26,643,680
2500	\$4,949,365	\$8,107,290	\$8,157,218		\$8,157,218
3000	\$69,788,965	\$87,343,208	\$90,374,137	\$1,342,000	\$91,716,137
4500	\$24,917,737	\$32,421,762	\$26,889,635	\$86,843	\$26,976,478
5000	\$521,345	\$0			\$0
7000	\$458,978	\$638,292	\$767,784		\$767,784
8000	\$0	\$0			\$0
8200	\$8,447,495	\$8,768,414	\$12,618,493	\$840,000	\$13,458,493
8500	\$72,268,598	\$85,658,872	\$83,412,256	\$2,807,809	\$86,220,065
9960	(\$30,235)	\$0			\$0
100F	\$2,636,902	\$3,028,208	\$3,359,539		\$3,359,539
<b>TOTAL</b>	<b>\$208,488,074</b>	<b>\$252,785,684</b>	<b>\$252,822,742</b>	<b>\$4,476,652</b>	<b>\$257,299,394</b>

Committee Analysis and Comments

**3. FY 2020-2025 CAPITAL BUDGET**

The Mayor’s proposed budget for the Department of Health does not include any capital funds.

**c. Policy Recommendations**

1. Provide monthly updates to the Committee on Health about the progress in hiring school nurses
2. By December 31, 2019, provide a report on current efforts to expand access to prenatal care in Wards 5, 7, and 8.

3. Provide updates on number of physicians registered to provide services under the Death with Dignity Act of 2015
4. Beginning October 1, 2019, provide quarterly updates on the Department of Health's progress towards achieving the goals of the 90-90-90-50 plan. Include any changes to the strategies designed to meet these goals.
5. Convene District hospitals to discuss implicit bias trainings to ensure residents feel welcome when attending health care facilities.

## C. DEPARTMENT OF HEALTH CARE FINANCE

### 1. AGENCY MISSION AND OVERVIEW

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.

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. DHCF is organized into 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/EPSTD, 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 LTCSS including Delmarva assessments, Qualis/LOC reviews, coordination with ADRC, and 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.

**2. FISCAL YEAR 2020 OPERATING BUDGET**

<i>Department of Health Care Finance Fiscal Year 2020 Operating Budget, By Revenue Type</i>					
<i>Fund Type</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
DEDICATED TAXES	\$82,435,108	\$83,686,775	\$68,106,466	\$13,425,197	\$81,531,663
FEDERAL GRANT FUND	\$2,521,789	\$2,321,969	\$76,807		\$76,807
FEDERAL MEDICAID PAYMENTS	\$2,159,436,652	\$2,367,409,467	\$2,331,535,201	\$30,415,764	\$2,361,950,965
LOCAL FUND	\$708,164,895	\$784,276,601	\$831,002,378	\$2,140,493	\$833,142,871

<i>Department of Health Care Finance Fiscal Year 2020 Operating Budget, By Revenue Type</i>					
<i>Fund Type</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
OPERATING INTRA-DISTRICT FUNDS	\$107,139,742	\$104,777,346	\$107,580,031		\$107,580,031
SPECIAL PURPOSE REVENUE FUNDS (O'TYPE)	\$2,629,926	\$2,955,610	\$4,050,875		\$4,050,875
<b>TOTAL</b>	<b>\$3,062,328,112</b>	<b>\$3,345,427,768</b>	<b>\$3,342,351,759</b>	<b>\$45,981,454</b>	<b>\$3,388,333,212</b>

<i>Department of Health Care Finance Fiscal Year 2020 Full-Time Equivalents, By Revenue Type</i>					
<i>Fund Type</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
DEDICATED TAXES	6.05	5.50	5.50		5.50
FEDERAL GRANT FUND	-	-	-		-
FEDERAL MEDICAID PAYMENTS	197.04	164.38	192.83		192.83
LOCAL FUND	116.45	158.17	144.86	(9.00)	135.86
OPERATING INTRA-DISTRICT FUNDS	1.42	5.18	4.26		4.26
SPECIAL PURPOSE REVENUE FUNDS (O'TYPE)	13.10	17.80	15.60		15.60
<b>TOTAL</b>		<b>351.03</b>	<b>363.05</b>	<b>(9.00)</b>	<b>354.05</b>

<i>Department of Health Care Finance Fiscal Year 2020 Operating Budget, By Comptroller Source Group (Gross Funds)</i>					
<i>Source Group</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
0011	\$23,270,330	\$34,691,002	\$33,985,078	(\$857,193)	\$33,127,885
0012	\$1,476,006	\$1,290,139	\$2,601,178		\$2,601,178
0013	\$205,911	\$0			\$0
0014	\$5,062,378	\$7,678,130	\$7,792,890	(\$222,393)	\$7,570,497
0015	\$46,790	\$0			\$0
0020	\$99,193	\$216,919	\$246,515		\$246,515
0030	\$173,308	\$253,664	\$253,663		\$253,663
0031	\$327,683	\$212,504	\$316,691		\$316,691
0032	\$0	\$1,304,897	\$1,304,897		\$1,304,897
0034	\$155,280	\$127,539	\$127,539		\$127,539
0035	\$140,644	\$510,406	\$510,406		\$510,406

<b>Department of Health Care Finance Fiscal Year 2020 Operating Budget, By Comptroller Source Group (Gross Funds)</b>					
<b>Source Group</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Approved</b>	<b>FY 2020 Proposed</b>	<b>Sum of Committee Variance</b>	<b>Committee Approved</b>
0040	\$1,248,074	\$2,368,613	\$8,824,227		\$8,824,227
0041	\$89,408,806	\$141,855,166	\$153,426,956	(\$120,260)	\$153,306,696
0050	\$2,936,699,113	\$3,153,731,872	\$3,130,904,802	\$2,713,394	\$3,133,618,196
0070	\$4,014,596	\$1,186,917	\$2,056,917		\$2,056,917
<b>TOTAL</b>	<b>\$3,062,328,112</b>	<b>\$3,345,427,768</b>	<b>\$3,342,351,759</b>	<b>\$1,513,548</b>	<b>\$ 3,343,865,307</b>

<b>Department of Health Care Finance Fiscal Year 2020 Operating Budget, By Program (Gross Funds)</b>					
<b>Program</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Approved</b>	<b>FY 2020 Proposed</b>	<b>Sum of Committee Variance</b>	<b>Committee Approved</b>
1000	\$51,121,966	\$28,827,657	\$34,053,044	(\$156,946)	\$33,896,099
2000	\$11,274,340	\$23,093,953	\$25,744,100	(\$97,331)	\$25,646,769
3000	\$5,097,541	\$5,611,683	\$7,428,308	(\$284,486)	\$7,143,822
5000	\$2,929,158,667	\$3,142,259,112	\$3,124,061,768	\$47,236,778	\$3,171,298,546
6000	\$34,167,249	\$41,490,931	\$45,672,065		\$45,672,065
8000	\$8,993,003	\$13,910,993	\$12,901,769	\$250,000	\$13,151,769
100F	\$5,353,156	\$6,173,886	\$6,759,853		\$6,759,853
200L	\$17,162,190	\$21,927,562	\$20,664,220	(\$34,139)	\$20,630,081
300A	\$0	\$62,131,990	\$65,066,632		\$65,066,632
No program	\$0	\$0	\$0	(682,423)	(682,423)
<b>TOTAL</b>	<b>\$3,062,328,112</b>	<b>\$3,345,427,768</b>	<b>\$3,342,351,759</b>	<b>\$46,231,453</b>	<b>\$3,388,583,213</b>

### Committee Analysis and Comments

### 3. FY 2020-2025 CAPITAL BUDGET

<b>Project No.</b>	<b>Project Title</b>	<b>Scenario</b>	<b>Unspent Allotment</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>6-year total</b>
<b>Department of Health Care Finance</b>										
MES23	DCAS Release 3	Mayor's Submission	\$105,424,476	\$13,162,000	\$13,154,000	\$9,005,000	\$8,831,000	\$7,612,000	\$0	\$51,764,000
MPM05	Medicaid Data Warehouse – Go Bond	Mayor's Submission	\$2,373,363	\$400,000	\$0	\$0	\$0	\$0	\$0	\$400,000
CM102	Replace Case Management System	Mayor's Submission	\$2,378,391	\$75,000	\$0	\$0	\$0	\$0	\$0	\$75,000
UMV01	St. Elizabeths Medical Center	Mayor's Submission	\$8,700,000	\$46,000,000	\$72,000,000	\$87,000,000	\$111,800,000	\$0	\$0	\$316,800,000
UMC02	United Medical Center Improvements	Mayor's Submission	\$14,835,231	\$4,500,000	\$3,000,000	\$2,300,000	\$0	\$0	\$0	\$9,800,000
<b>Department of Health Care Finance Total</b>			<b>\$133,711,460</b>	<b>\$64,137,000</b>	<b>\$88,154,000</b>	<b>\$98,305,000</b>	<b>\$120,631,000</b>	<b>\$7,612,000</b>	<b>\$0</b>	<b>\$378,839,000</b>

<b>Project No.</b>	<b>Project Title</b>	<b>Scenario</b>	<b>Unspent Allotment</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>6-year total</b>
<b>Department of Health Care Finance</b>										
MES23	DCAS Release 3	Committee Mark-up	\$105,424,476	\$13,162,000	\$13,154,000	\$9,005,000	\$8,831,000	\$7,612,000	\$0	\$51,764,000
MPM05	Medicaid Data Warehouse – Go Bond	Committee Mark-up	\$2,373,363	\$400,000	\$0	\$0	\$0	\$0	\$0	\$400,000
CM102	Replace Case Management System	Committee Mark-up	\$2,378,391	\$75,000	\$0	\$0	\$0	\$0	\$0	\$75,000
UMV01	St. Elizabeths Medical Center	Committee Mark-up	\$8,700,000	\$46,000,000	\$270,800,000	\$0	\$0	\$0	\$0	\$316,800,000

UMC02	United Medical Center Improvements	Committee Mark-up	\$14,835,231	\$2,300,000	\$0	\$0	\$0	\$0	\$0	\$2,300,000
<b>Department of Health Care Finance Total</b>			\$133,711,460	\$61,937,000	\$283,954,000	\$9,005,000	\$8,831,000	\$7,612,000	\$0	\$371,339,000

Committee Analysis and Comments

**D. DEPARTMENT OF BEHAVIORAL HEALTH**

**1. AGENCY MISSION AND OVERVIEW**

The mission of the Department of Behavioral Health (DBH) is to support prevention, treatment, resiliency, and recovery for District residents with mental health and substance use disorders through the delivery of high-quality, integrated services.

The Department of Behavioral Health will: (1) ensure that every individual seeking services is assessed for both mental health and substance use disorder needs, (2) increase the capacity of the provider network to treat co-occurring disorders, (3) establish and measure outcomes for individuals with co-occurring mental health and substance use disorders as well as single illnesses with recovery as the goal, and (4) enhance provider monitoring to ensure high quality service. DBH is organized into the following 8 divisions:

**Behavioral Health Authority** – plans for and develops mental health and substance use disorders (SUD) services; ensures access to services; monitors the service system; supports service providers by operating DBH’s Fee for Service (FFS) system; provides grant or contract funding for services not covered through the FFS system; regulates the providers within the District’s public behavioral health system; and identifies the appropriate mix of programs, services, and supports necessary to meet the behavioral health needs of District residents. This division contains the following 5 activities:

- **Office of the Director/Chief Executive Officer** – leads management and oversight of the public behavioral health system; directs the design, development, communication, and delivery of behavioral health services and supports; and identifies approaches to enhance access to services that support recovery and resilience;
- **Consumer and Family Affairs** – promotes and protects the rights of individuals with behavioral health disorders; encourages and facilitates consumer and client and family leadership of treatment and recovery plans; and ensures consumer and client voice in the development of the behavioral health system. The Administration also promotes consumer and client leadership, manages the peer certification training, and provides expertise on the consumer and client perspective and is made up of the following teams: Peer Support, Consumer Engagement, Consumer Rights, Quality Improvement and Saint Elizabeths;
- **Office of Ombudsman** – identifies and helps consumers and clients resolve problems, complaints and grievances through existing processes; educates on

available services and helps to maximize outreach; refers individuals when appropriate to other District agencies for assistance; and comments on behalf of residents on District behavioral health policy, regulations and legislation;

- **Legal Services** – provides legal advice to the Director on all aspects of DBH’s operations and activities; drafts, researches and/or reviews legislation, regulations, and policies affecting DBH’s mission and programs; and formulates strategic advice on DBH program development and compliance and oversight activities; and
- **Legislative and Public Affairs** – develops, leads and coordinates the agency’s public education, internal and external communications, and public engagement and outreach initiatives; manages legislative initiatives and acts as the liaison to the District Council; facilitates responses to constituent complaints and service requests; and provides information and support for special projects.

**Saint Elizabeths Hospital (SEH)** – provides inpatient psychiatric, medical, and psycho-social person-centered treatment to adults to support their recovery and return to the community. The hospital’s goal is to maintain an active treatment program that fosters individual recovery and independence as much as possible. The hospital is licensed by the District’s Department of Health, and meets all the conditions of participation promulgated by the federal Centers for Medicare and Medicaid Services. This division contains the following 14 activities:

- **Office of the Chief Executive** – provides overall executive management and leadership for all services and departments of Saint Elizabeths;
- **Office of Clinical and Medical Services** – SEH – provides the clinical, operational, strategic, and cultural leadership necessary to deliver care that is high-value (in terms of cost, quality and patient experience) to support their recovery and reintegration into the community;
- **Engineering and Maintenance** – SEH – provides maintenance and repairs to ensure a functional, safe, and secure facility to maximize the benefits of the therapeutic environment;
- **Fiscal and Support Services** – SHE – provides for the formulation, execution, and management of the hospital’s budget, billing and revenue operations; approves and finances all requests for procurements; and oversees the overall financial integrity of the Hospital to ensure the appropriate collection, allocation, utilization and control of resources;
- **Quality and Data Management** – provides quality improvement utilizing performance improvement techniques; uses data and research to guide clinical practices; provides oversight of reporting functions; and manages the reporting functions from the electronic medical record;

- **Housekeeping – SEH** – maintains a clean and sanitized environment to enhance the therapeutic environment and level of clinical performance;
- **Materials Management – SHE** – receives and delivers materials, supplies, postal and laundry services; maintains an inventory of goods, replenishes stock, and performs electronic receiving for all goods and services;
- **Nursing Services – SEH** – provides active treatment and comprehensive, high quality 24-hour nursing care through a recovery-based therapeutic program; establishes the training curriculum for all levels of hospital staff and ensures compliance with training programs for clinical and clinical support staff to maintain the health and safety of patients and staff;
- **Nutritional Services – SEH** – provides optimum nutrition and food services, medical nutrition therapy and nutrition education services in a safe and sanitary environment;
- **Security and Safety – SEH** – provides a safe and secure facility for patients, visitors, and staff to support a therapeutic environment;
- **Transportation and Grounds – SEH** – manages the resources, administrative functions, contracts, and personnel; and provides transportation and maintenance services, including solid and medical waste disposal, and snow and ice removal;
- **Office of the Chief of Staff – SEH** – primarily responsible for the organization, ongoing management and oversight of key hospital administrative functions; regularly interacts and coordinates with medical staff and executive leadership; and serves as liaison with external partners including the Department of Corrections, DC Superior Court, and the District of Columbia Hospital Association;
- **Office of the Chief Operating Officer – SEH** – provides the operational, strategic, and cultural leadership necessary to plan, direct, and manage major administrative functions. This ensures the provision of high-quality services while also meeting the needs of individuals in care and external stakeholders. The Chief Operating Officer regularly interacts and coordinates with finance, information systems, human resources, performance improvement, and risk management; and
- **Office of the Chief Clinical Officer – SEH** – provides clinical leadership and interdisciplinary treatment teams; and ensures the provision of social work services, treatment programs, rehabilitation services, utilization review, and volunteer services.

**Accountability Division** – oversees provider certification, mental health community residence facility licensure, program integrity, quality improvement, major investigations, incident management, claims audits, and compliance monitoring. Issues annual Medicaid

and local repayment demand letters, annual quality reviews, and annual provider scorecards. This division contains the following 5 activities:

- **Office of Accountability** – leads the Accountability Division by providing oversight and management of all of the agency’s certification, licensure, incident management, and program integrity activities;
- **Investigations** – conducts major investigations of sentinel events and major unusual incidents, presents a disposition of the matter, and develops the final investigative report submitted to the agency Director, General Counsel, and other appropriate parties to ensure the needs and treatment goals of individuals in care are identified and addressed;
- **Licensure** – reviews and processes applications for licensure for Mental Health Community Residence Facilities (MHCRF), monitors MHCRF operators’ compliance with agency regulations and policies, and generates and enforces statements of deficiencies and corrective action plans when necessary;
- **Certification** – reviews and processes applications for certification and recertification for behavioral health providers, monitors provider compliance with agency certification regulations and policies, and generates and enforces statements of deficiencies and corrective action plans when necessary; and
- **Program Integrity** – provides oversight of certified providers through audits and reviews to ensure that they meet or exceed service delivery and documentation standards for mental health rehabilitation and substance use disorder services, and that they comply with agency policies and procedures and applicable District and federal laws and regulations. Clinical

**Services Division** – provides person-centered, culturally competent outpatient psychiatric treatment and supports to children, youth and adults to support their recovery; and coordinates disaster and emergency mental health programs. This division contains the following 11 activities:

- **Office of the Chief Clinical Officer** – supervises and sets standards for the provision of clinical care throughout the agency and public behavioral health system for children, youth, and adults; oversees community hospitals that treat agency consumers on an involuntary basis; and serves as the petitioner in guardianship cases, and oversees the agency’s disaster response for the city;
- **Behavioral Health Services** – directs and manages mental health services at two agency-operated locations;
- **Behavioral Health Services – Adult** – provides clinical assessment and treatment of persons who are 18 years of age and older who present with mental health

concerns, and provides urgent same-day evaluations for persons in crisis that do not arise to the level of needing an emergency room visit;

- **Behavioral Health Services – Child** – provides clinical assessment and treatment for children up to 7 years old who present with challenging social, emotional and disruptive behaviors that cause impairment in functioning at home, in school/daycare, and in the community;
- **Behavioral Health Services – Pharmacy** – provides psychiatric medications for residents enrolled in the public behavioral health system who are uninsured and unable to pay for medications;
- **Comprehensive Psychiatric Emergency Program (CPEP)** – provides emergency mental health services to adults 18 years of age and older, including immediate and extended observation care to individuals who present in crisis, as well as services in the community; and participates in the District’s cold weather alert response;
- **Psychiatric Emergency Services – CPEP** – provides immediate access to multi-disciplinary emergency psychiatric services 24/7, assesses and stabilizes psychiatric crises of patients who present voluntarily or involuntarily who live or visit the District, and formulates appropriate next level of care in the community or at other treatment facilities. Serves as the first contact for behavioral health services in the District and the primary provider of crisis stabilization to high profile and high service utilizer patients;
- **Homeless Outreach / Mobile Crisis – CPEP** – Homeless Outreach connects homeless individuals and families with behavioral health services and assists in the District’s encampment protocol. Mobile Crisis provides crisis intervention and stabilization services to residents and visitors who are experiencing psychiatric crises in the community or at home; services include linkage to DBH, psychoeducation, treatment compliance support, and grief and loss services to individuals after a traumatic event;
- **Access Helpline** – enrolls consumers into services, authorizes appropriate units and duration of services based on clinical review of medical necessity criteria and capacity limits, ensures District residents receive crisis services, and provides telephonic suicide prevention and other counseling as appropriate;
- **Forensics** – provides and oversees continuum of behavioral health and others services for justice-involved individuals from pre-arrest to post-incarceration to ensure their successful return to the community; and
- **Assessment and Referral Center (ARC)** – assesses and refers adults seeking treatment for substance use disorders to appropriate services, such as detoxification,



inpatient, medication-assisted treatment, outpatient substance use disorder treatment programs, or recovery support services.

**Systems Transformation Division** – conducts research, analysis, planning and evaluation leading to defined individual, service, and system outcomes; identification of needs, resources and strategies to improve efficiency as well as collaboration among and between internal and external partners; development and implementation of learning opportunities to advance system change; and greater effectiveness of the overall service delivery system. This division contains the following 8 activities:

- **Office of System Transformation** – leads development and implementation of programmatic, organizational, and system change management process; and manages the agency’s grant process, from identifying opportunities to submitting reports to grantors;
- **Information Systems Innovation and Data Analytics (ISIDA)** – provides and maintains high-quality hardware and software applications that support the provision and monitoring of consumer and client services, and produces and analyzes data for decision-making;
- **ISIDA – Data and Performance Management** – meets the agency’s data reporting and analysis needs by working with staff to identify what information is needed, creating reports and dashboards that present and make the information accessible, and helping staff understand what the information means and how it can be used to improve performance;
- **ISIDA – Information Systems** – ensures continuity of operations and functionality improvement of existing practice management, billing, electronic health record applications and other systems, as well as providing business analysis support when the need for new systems is identified;
- **ISIDA – Technology Infrastructure** – manages the agency’s technical backbone, including server maintenance, asset inventory management, distribution of personal hardware, telecommunication, and multi-functional device support and management;
- **Strategic Management and Policy** – develops programmatic regulations, policies and procedures to support the agency’s mission, and develops the agency’s Performance Plan and Performance Accountability Report;
- **Network Development** – monitors and provides technical assistance to individual providers and/or the provider network at large on emerging clinical, care coordination, administrative and organizational issues that need to be addressed to ensure and enhance the provision of services; and

- **Training Institute** – enhances the knowledge and competencies of the DBH provider network, and internal and external customers, through performance-based and data-driven learning environments.

**Community Services Division** – develops, implements and monitors a comprehensive array of prevention, early intervention and community-based behavioral health services and supports for adults, children, youth, and their families that are culturally and linguistically competent; and supports resiliency, recovery and overall well-being for District residents who have mental health and substance use disorders. This division contains the following 19 activities:

- **Community Services Administration** – provides support services for community-based programs to ensure the coordination of services among and between internal and external partners to achieve programmatic results;
- **Office of Community Services** – leads oversight and management of the agency’s integrated community-based, prevention, early intervention, and specialty behavioral health programs;
- **Prevention and Early Intervention** – develops and delivers prevention and early intervention services, education, support, and outreach activities to help inform and identify children, youth, and their families who may be affected by some level of mental health and/or substance use disorder issue;
- **Prevention and Early Intervention** – Early Childhood – provides school-based and center-based early childhood mental health supports and child and family-centered consultation to child development center staff and families to build their skills and capacity to promote social/emotional development and to prevent, identify, and respond to mental health issues among children in their care;
- **Prevention and Early Intervention** – School Mental Health– provides school-based, primary prevention services to students and school staff, early intervention, and treatment to students and parents, and consultation to individual teachers;
- **Prevention Substance Use Disorder** – ensures comprehensive prevention systems by developing policies, programs, and services to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse, and underage alcohol and tobacco use;
- **Gambling Treatment and Intervention** – provides support services for the prevention, treatment, and research of gambling addictions;
- **Specialty Care** – develops, implements, and ensures sustainability of specialized and evidence-based behavioral health programs for adults, adolescents, transition-aged youth, children, and their families;

- **Specialty Care – Community–Based Services** – oversees development, implementation and monitoring of a comprehensive array of community-based mental health and substance use disorders services including evidenced-based and promising practices, implemented within the behavioral health provider network to address the needs of adults, children, youth, and their families;
- **Specialty Care – New Initiatives** – provides overall technical direction and administration of a broad range of grant-funded projects and other new initiatives, tracks and monitors their progress and outcomes, and makes recommendations on their integration and full-scale implementation;
- **Linkage and Assessment** – provides mental health and substance use disorder screening, assessments, and referrals for adults, children, youth, and families, ensuring they have easy access to a full continuum of quality behavioral health services and supports;
- **Linkage and Assessment – Assessment Center** – provides the Superior Court of the District of Columbia with court-ordered, high-quality, comprehensive, culturally competent mental health consultation, and psychological and psychiatric evaluations, for children and related adults with involvement in child welfare, juvenile justice and family court;
- **Linkage and Assessment – Co-Located Programs** – oversees the co-location of DBH clinicians at various District government agencies and community-based sites, to conduct early behavioral health screenings, assessments, and consultations, and to make service referrals to the behavioral health provider network;
- **Linkage and Assessment – PRTF** – provides centralized coordination and monitoring of placement, continued stay, and post-discharge of children and youth in psychiatric residential treatment facilities (PRTF). Oversees the coordination of the PRTF medical necessity review process;
- **Housing Development** – develops housing options and administers associated policies and procedures governing eligibility, access to housing, and issuance of vouchers for eligible individuals in the agency’s system; monitors providers’ compliance with contracts and provides technical assistance to providers on the development of corrective action plans; and develops and monitors grant agreements pertaining to housing development and funding of housing vouchers;
- **Residential Support Services and Care Continuity** – determines individuals’ housing needs and level of support; provides referrals to landlords; assures properties are inspected and approved; monitors service provision according to individualized clinical treatment plans; assures coordination and resolves problems among landlords, tenants, and providers; and conducts regular reviews to transition ready individuals to more independent, least restrictive community-based settings of their choice;

- **Implementation of Drug Treatment Choice** – provides subsidies and transfers for substance use disorder treatment services only;
- **Behavioral Health Rehabilitation** – provides Local funding for the payment of claims to providers for District residents who receive mental health rehabilitation services that are locally funded only and/or who are otherwise not eligible for Medicaid; and
- **Behavioral Health Rehabilitation – Local Match** – allocates Local funding as the match to Medicaid payment of claims to providers for District residents who are Medicaid-eligible and receive mental health and substance use disorder services that are funded by Medicaid.

**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.

## 2. FISCAL YEAR 2020 OPERATING BUDGET

<i>Department of Behavioral Health Fiscal Year 2020 Operating Budget, By Revenue Type</i>					
<i>Fund Type</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
DEDICATED TAXES	\$0	\$0	\$200,000		\$200,000
FEDERAL GRANT FUND	\$22,032,553	\$14,830,716	\$35,757,902		\$35,757,902
FEDERAL MEDICAID PAYMENTS	\$1,137,018	\$2,023,778	\$2,843,597		\$2,843,597
LOCAL FUND	\$236,813,596	\$249,751,563	\$263,117,213	(\$886,404)	\$262,230,809
OPERATING INTRA-DISTRICT FUNDS	\$13,128,637	\$13,713,229	\$14,207,309		\$14,207,309
PRIVATE DONATIONS	\$13,295	\$288,775	\$161,153		\$161,153
PRIVATE GRANT FUND	\$390,899	\$441,545	\$436,345		\$436,345
SPECIAL PURPOSE REVENUE FUNDS (O'TYPE)	\$2,909,563	\$2,351,648	\$2,351,648		\$2,351,648
<b>TOTAL</b>	<b>\$276,425,561</b>	<b>\$283,401,254</b>	<b>\$319,075,165</b>	<b>(\$886,404)</b>	<b>\$318,188,761</b>

<b>Department of Behavioral Health Fiscal Year 2020 Full-Time Equivalents, By Revenue Type</b>					
<b>Fund Type</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Approved</b>	<b>FY 2020 Proposed</b>	<b>Sum of Committee Variance</b>	<b>Committee Approved</b>
DEDICATED TAXES	-	-	-		-
FEDERAL GRANT FUND	112.95	94.75	90.85		90.85
FEDERAL MEDICAID PAYMENTS	5.00	5.00	5.00		5.00
LOCAL FUND	1,161.76	1,225.08	1,222.08	(11.00)	1,211.08
OPERATING INTRA-DISTRICT FUNDS	107.24	67.76	72.76		72.76
PRIVATE DONATIONS	-	-	-		-
PRIVATE GRANT FUND	1.00	1.00	-		-
SPECIAL PURPOSE REVENUE FUNDS (O'TYPE)	36.75	15.25	15.25		15.25
<b>TOTAL</b>		<b>1,408.84</b>	<b>1,405.94</b>	<b>(11.00)</b>	<b>1,394.94</b>

<b>Department of Behavioral Health Fiscal Year 2020 Operating Budget, By Comptroller Source Group (Gross Funds)</b>					
<b>Source Group</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Approved</b>	<b>FY 2020 Proposed</b>	<b>Sum of Committee Variance</b>	<b>Committee Approved</b>
0011	\$98,909,609	\$109,791,105	\$109,722,245	(\$1,186,066)	\$108,536,180
0012	\$9,448,656	\$9,501,474	\$8,535,409		\$8,535,409
0013	\$6,397,242	\$3,995,047	\$3,995,047		\$3,995,047
0014	\$26,477,210	\$29,871,884	\$31,879,067	(\$321,338)	\$31,557,729
0015	\$3,608,122	\$1,578,287	\$1,520,856		\$1,520,856
0020	\$5,707,421	\$5,208,137	\$6,380,550		\$6,380,550
0030	\$1,394,771	\$1,902,273	\$1,561,226		\$1,561,226
0031	\$766,169	\$688,143	\$704,391		\$704,391
0032	\$6,045,379	\$6,398,318	\$6,628,949		\$6,628,949
0034	\$3,857,697	\$3,250,485	\$2,880,580		\$2,880,580
0035	\$194,899	\$216,926	\$697,246		\$697,246
0040	\$11,854,977	\$10,420,024	\$24,174,748		\$24,174,748
0041	\$32,257,722	\$30,449,144	\$39,549,617	\$200,000	\$39,749,617
0050	\$69,118,067	\$69,781,131	\$80,455,058	\$421,000	\$80,876,058
0070	\$387,618	\$348,878	\$390,175		\$390,175
0099	\$0	\$0			\$0
<b>TOTAL</b>	<b>\$276,425,561</b>	<b>\$283,401,254</b>	<b>\$319,075,165</b>	<b>(\$886,404)</b>	<b>\$318,188,761</b>

<b>Department of Behavioral Health Fiscal Year 2020 Operating Budget, By Program (Gross Funds)</b>					
<b>Program</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Approved</b>	<b>FY 2020 Proposed</b>	<b>Sum of Committee Variance</b>	<b>Committee Approved</b>
1000	\$12,175,612	\$18,465,141	\$17,999,693	(\$461,165)	\$17,538,528
1800	\$5,191,913	\$5,829,446	\$5,830,094		\$5,830,094
3800	\$97,563,530	\$98,592,783	\$100,588,624		\$100,588,624
4800	(\$4,835)	\$0	\$0		\$0
4900	\$4,142,743	\$4,340,594	\$4,033,350		\$4,033,350
5800	\$28,405,279	\$35,440,182	\$36,203,905	(\$761,141)	\$35,442,764
5900	\$12,579,432	\$10,710,128	\$11,414,593	(\$285,098)	\$11,129,495
6800	(\$8,968)	\$0	\$0		\$0
6900	\$114,357,115	\$107,861,921	\$140,798,283	\$621,000	\$141,419,283
100F	\$2,023,740	\$2,161,058	\$2,206,623		\$2,206,623
<b>TOTAL</b>	<b>\$276,425,561</b>	<b>\$283,401,254</b>	<b>\$319,075,165</b>	<b>(\$886,404)</b>	<b>\$318,188,761</b>

Committee Analysis and Comments

**3. FY 2020-2025 CAPITAL BUDGET**

<b>Project No.</b>	<b>Project Title</b>	<b>Scenario</b>	<b>Unspent Allotment</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>6-year total</b>
<b>Department of Behavioral Health</b>										
HX990	Facility Upgrades	Mayor's Submission	\$835,000	\$350,000	\$0	\$0	\$0	\$0	\$0	\$350,000
HX998	Modernization at St. Elizabeths	Mayor's Submission	\$500,000	\$1,325,000	\$0	\$0	\$0	\$0	\$0	\$1,325,000
DB203	Intercom System	Mayor's Submission	\$0	\$300,000	\$0	\$0	\$0	\$0	\$0	\$300,000
HX993	Pharmacy Medicine Dispensing Upgrade	Mayor's Submission	\$0	\$1,038,000	\$0	\$0	\$0	\$0	\$0	\$1,038,000
DB202	Thermal Docking Station	Mayor's Submission	\$0	\$500,000	\$0	\$0	\$0	\$0	\$0	\$500,000
<b>Department of Behavioral Health Total</b>			\$1,335,000	\$3,513,000	\$0	\$0	\$0	\$0	\$0	\$3,513,000

<b>Project No.</b>	<b>Project Title</b>	<b>Scenario</b>	<b>Unspent Allotment</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>6-year total</b>
<b>Department of Behavioral Health</b>										
HX990	Facility Upgrades	Committee Mark-up	\$835,000	\$350,000	\$0	\$0	\$0	\$0	\$0	\$350,000
HX998	Modernization at St. Elizabeths	Committee Mark-up	\$500,000	\$1,325,000	\$0	\$0	\$0	\$0	\$0	\$1,325,000
DB203	Intercom System	Committee Mark-up	\$0	\$300,000	\$0	\$0	\$0	\$0	\$0	\$300,000
HX993	Pharmacy Medicine Dispensing Upgrade	Committee Mark-up	\$0	\$1,038,000	\$0	\$0	\$0	\$0	\$0	\$1,038,000
DB202	Thermal Docking Station	Committee Mark-up	\$0	\$500,000	\$0	\$0	\$0	\$0	\$0	\$500,000
<b>Department of Behavioral Health Total</b>			\$1,335,000	\$3,513,000	\$0	\$0	\$0	\$0	\$0	\$3,513,000

Committee Analysis and Comments

The Committee on Health accepts the Mayor's Proposed FY20 Capital Budget for the Department of Behavioral Health.

**c. Policy Recommendations**

Anchor Mental Health contracts with the Department of Behavioral Health to provide transitional support for patients leaving Saint Elizabeths Hospital under the Intensive Community Care Program (ICCP). In light of this contract ending on May 30, 2019, the Committee on Health has concerns regarding the continuity of care that the program's participants will no longer receive, as DBH does not plan to extend the contract. The Committee recommends that:

1. Consumers in the program be transitioned within Anchor to either an ACT team or to regular case management services; if a consumer chooses to transition to a different provider, the Committee recommends that DBH facilitate the transfer.
2. The Office of the Chief Clinical Officer track every consumer in the ICCP program to ensure that each participant is linked to a program within Anchor or to another provider if necessary.

The Committee supports the Committee on Education's proposed BSA subtitle, "Student Fair Access to School Subject to Appropriations Repeal and Technical Amendment Act of 2019", which amends Law 22-157, the Student Fair Access to School Amendment Act of 2018. The subtitle aligns the law's required supports for local education agencies (LEAs) with services to be delivered by increased school-based behavioral health staff provided by the DBH via the \$6M enhancement in the proposed FY20 budget. This enhancement reflects the recommendations of the Task Force on School Mental Health (established by the Council in the FY18 Budget Support Act), as published in its March 26, 2018 report. That report included the recommendation that the Mayor and Council add new funds to the DBH budget for the purpose of grants to community-based organizations (CBOs) that would place clinicians in schools to provide "non-billable interventions and supports integral to a multi-tiered school-based practice, including but not limited to teacher and parent consultation, school team meetings, are coordination, and crisis management." Further, in an August 2018 letter to families describing the expanded program, the DBH director noted that it would "provide access to prevention, screening, early intervention, and intensive mental health services for all public school students."

These goals are completely consistent with the supports required for LEAs under Law 22-157. The law contemplated this participation by DBH and authorized the execution of an MOU between the Office of the State Superintendent of Education and DBH in order to meet these obligations. The Committee on Education's subtitle removes the necessity of an MOU by clearly delineating the DBH's role in implementing the law, which reflects both the recommendations of the Task Force and the goal of the FY20 budget enhancement.

The Committee's budget, combined with the changes made by the Committee on Education, fulfills those goals by maintaining the Mayor's enhancement to the DBH. The successor to the Task Force on School Mental Health, the School Mental Health Coordinating Council, continues to meet and both the Committee on Health and the Committee on Education participate in that coordinating council. It is clear from this work

that the enhancement for the DBH meets the need outlined in the fiscal impact statement for Law 22-157.

The above language was included for explanatory purposes only, at the request of the Council Budget Office. The Committee on Health proposes no change to the uses of the enhancement funding for the School Mental Health Program. The enhancement funding approved by the Committee is identical to the funding recommended by the Mayor.

## **E. NOT-FOR-PROFIT HOSPITAL CORPORATION**

### **1. AGENCY MISSION AND OVERVIEW**

The mission of the Not-For-Profit Hospital Corporation (NFPHC) is dedicated to the health and well-being of individuals and communities entrusted to our care. NFPHC will be an efficient, high value, patient-focused provider of high-quality healthcare to improve the lives of District residents. We will employ innovative approaches that yield excellent experiences and will empower healthcare professionals as they work to care for our patients. We will pursue this vision through collaboration with other providers and as part of a larger District-based delivery system.

NFPHC, commonly known as United Medical Center (UMC) and United Medical Nursing Center, is an independent District instrumentality, created by legislation adopted by the Council of the District of Columbia. It provides inpatient, outpatient, psychiatric, and emergency care, and a skilled nursing facility (SNF). NFPHC is located east of the Anacostia River in the Southeast section of Washington, D.C. Its primary service market includes residents of Wards 7 and 8 and the state of Maryland's Prince George's County. Approximately 88 percent of United Medical Center's hospital admissions were paid for by the public programs Medicare or Medicaid.

NFPHC is governed by a 14-member Board of Directors, 11 of whom are voting members and three of whom are non-voting members. Six members are appointed by the Mayor and three members are appointed by the Council of the District of Columbia. The Chief Financial Officer of the District, or his or her designee, and a representative of the entity maintaining the largest collective bargaining agreement with the corporation serve as ex-officio voting members. The Chief Executive Officer and Chief Medical Officer of NFPHC and the President of the District of Columbia Hospital Association serve as non-voting ex-officio members.

The Not-For-Profit Hospital Corporation operates through revenues generated primarily, though not exclusively, through its hospital patient and Skilled Nursing Facility (SNF) resident operations.

**Hospital Services** – NFPHC operates an acute care program with 234 licensed acute care beds, which provides medical, surgical, and psychiatric care. Other hospital services include adult emergency care and outpatient and diagnostic services. Children's National



Medical Center, through a lease arrangement and as a separately licensed organization, provides pediatric emergency care on the campus of NFPHC.

**Skilled Nursing Facility (SNF) Services** – With a capacity of 120 beds, the SNF provides skilled nursing services to chronically ill residents, with a significant percentage of the patients being the elderly.

## 2. FISCAL YEAR 2020 OPERATING BUDGET

<i>Not-for-Profit Hospital Corporation Fiscal Year 2020 Operating Budget, By Revenue Type</i>					
<i>Fund Type</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
ENTERPRISE AND OTHER FUNDS	\$0	\$144,000,000	\$170,000,000	(25,000,000)	\$145,000,000
<b>TOTAL</b>	<b>\$0</b>	<b>\$144,000,000</b>	<b>\$170,000,000</b>	<b>(25,000,000)</b>	<b>\$145,000,000</b>

<i>Not-for-Profit Hospital Corporation Fiscal Year 2020 Full-Time Equivalents, By Revenue Type</i>					
<i>Fund Type</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
ENTERPRISE AND OTHER FUNDS	-	-	-		-
<b>TOTAL</b>		-	-		-

<i>Not-for-Profit Hospital Corporation Fiscal Year 2020 Operating Budget, By Comptroller Source Group (Gross Funds)</i>					
<i>Source Group</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
0050	\$0	\$144,000,000	\$170,000,000	(25,000,000)	\$145,000,000
<b>TOTAL</b>	<b>\$0</b>	<b>\$144,000,000</b>	<b>\$170,000,000</b>	<b>(25,000,000)</b>	<b>\$145,000,000</b>

<i>Not-for-Profit Hospital Corporation Fiscal Year 2020 Operating Budget, By Program (Gross Funds)</i>					
<i>Program</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
1000	\$0	\$144,000,000	\$170,000,000	(25,000,000)	\$145,000,000
<b>TOTAL</b>	<b>\$0</b>	<b>\$144,000,000</b>	<b>\$170,000,000</b>	<b>(25,000,000)</b>	<b>\$145,000,000</b>

### Committee Analysis and Comments

## 3. FY 2020-2025 CAPITAL BUDGET

The Mayor's proposed budget for the Not-for-Profit Hospital Corporation does not include any capital funds.

## F. NOT-FOR-PROFIT HOSPITAL CORPORATION SUBSIDY

### 1. AGENCY MISSION AND OVERVIEW

The Not-For-Profit Hospital Corporation Subsidy provides a direct payment to the Not-For-Profit Hospital Corporation (NFPHC). The NFPHC is an independent District instrumentality, created by legislation adopted by the Council of the District of Columbia to hold the land, improvements, and equipment of the hospital known as United Medical Center. The Not-For-Profit Hospital Corporation Subsidy operates through the following program:

**Not-For-Profit Hospital Corporation Subsidy** – provides a direct payment to the Not-For-Profit Hospital Corporation.

### 2. FISCAL YEAR 2020 OPERATING BUDGET

<i>Not-for-Profit Hospital Corporation Subsidy Fiscal Year 2020 Operating Budget, By Revenue Type</i>					
<i>Fund Type</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
LOCAL FUND	\$28,593,836	\$10,000,000	\$40,000,000	(\$25,000,000)	\$15,000,000
<b>TOTAL</b>	<b>\$28,593,836</b>	<b>\$10,000,000</b>	<b>\$40,000,000</b>	<b>(\$25,000,000)</b>	<b>\$15,000,000</b>

<i>Not-for-Profit Hospital Corporation Subsidy Fiscal Year 2020 Full-Time Equivalents, By Revenue Type</i>					
<i>Fund Type</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
LOCAL FUND	-	-	-		-
<b>TOTAL</b>		-	-		-

<i>Not-for-Profit Hospital Corporation Subsidy Fiscal Year 2020 Operating Budget, By Comptroller Source Group (Gross Funds)</i>					
<i>Source Group</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
0050	\$28,593,836	\$10,000,000	\$40,000,000	(\$25,000,000)	\$15,000,000
<b>TOTAL</b>	<b>\$28,593,836</b>	<b>\$10,000,000</b>	<b>\$40,000,000</b>	<b>(\$25,000,000)</b>	<b>\$15,000,000</b>

<i>Not-for-Profit Hospital Corporation Subsidy Fiscal Year 2020 Operating Budget, By Program (Gross Funds)</i>					
<i>Program</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
1000	\$28,593,836	\$10,000,000	\$40,000,000	(\$25,000,000)	\$15,000,000
<b>TOTAL</b>	<b>\$28,593,836</b>	<b>\$10,000,000</b>	<b>\$40,000,000</b>	<b>(\$25,000,000)</b>	<b>\$15,000,000</b>

Committee Analysis and Comments

**3. FY 2020-2025 CAPITAL BUDGET**

The Mayor’s proposed budget for the Not-for-Profit Hospital Corporation Subsidy does not include any capital funds.

**G. OFFICE OF THE DEPUTY MAYOR FOR HEALTH & HUMAN SERVICES**

**1. AGENCY MISSION AND OVERVIEW**

The mission of the Office of the Deputy Mayor for Health and Human Services (DMHHS) is to support the Mayor in coordinating a comprehensive system of benefits, goods, and services across multiple agencies to ensure that children, youth, and adults with and without disabilities can lead healthy, meaningful, and productive lives. The Office provides leadership for policy and planning; government relations; and communication and community relations for the agencies under its jurisdiction, including:

1. Child and Family Services Agency (CFSA)
2. Department of Behavioral Health (DBH)
3. Department on Disability Services (DDS)
4. Department of Health (DOH)
5. Department of Health Care Finance (DHCF)
6. Department of Human Services (DHS)
7. Department of Aging and Community Living (DACL)

The Office also manages two special initiatives: Age-Friendly DC and the Interagency Council on Homelessness.

**2. FISCAL YEAR 2020 OPERATING BUDGET**

<i>Office of the Deputy Mayor for Health &amp; Human Services Fiscal Year 2020 Operating Budget, By Revenue Type</i>					
<i>Fund Type</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
LOCAL FUND	\$1,714,074	\$1,782,358	\$2,088,304	(\$210,347)	\$1,877,957
OPERATING INTRA- DISTRICT FUNDS	\$0	\$0			\$0
<b>TOTAL</b>	<b>\$1,714,074</b>	<b>\$1,782,358</b>	<b>\$2,088,304</b>	<b>(\$210,347)</b>	<b>\$1,877,957</b>

<i>Office of the Deputy Mayor for Health &amp; Human Services Fiscal Year 2020 Full-Time Equivalents, By Revenue Type</i>					
<i>Fund Type</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
LOCAL FUND	11.75	11.75	13.75	(2.00)	11.75
OPERATING INTRA-DISTRICT FUNDS	-	-			-
<b>TOTAL</b>		<b>11.75</b>	<b>13.75</b>	<b>(2.00)</b>	<b>11.75</b>

<i>Office of the Deputy Mayor for Health &amp; Human Services Fiscal Year 2020 Operating Budget, By Comptroller Source Group (Gross Funds)</i>					
<i>Source Group</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
0011	\$1,259,732	\$1,387,821	\$1,592,939	(\$152,842)	\$1,440,097
0012	\$92,156	\$0	\$66,239		\$66,239
0013	\$3,653	\$0			\$0
0014	\$190,790	\$249,808	\$285,379	(\$32,505)	\$252,874
0015	\$0	\$0			\$0
0020	\$13,551	\$20,000	\$30,800		\$30,800
0031	\$27,018	\$23,862	\$24,550		\$24,550
0040	\$50,579	\$50,242	\$50,404	(\$25,000)	\$25,404
0041	\$57,617	\$50,000	\$37,993		\$37,993
0070	\$18,978	\$625	\$0		\$0
<b>TOTAL</b>	<b>\$1,714,074</b>	<b>\$1,782,358</b>	<b>\$2,088,304</b>	<b>(\$210,347)</b>	<b>\$1,877,957</b>

<i>Office of the Deputy Mayor for Health &amp; Human Services Fiscal Year 2020 Operating Budget, By Program (Gross Funds)</i>					
<i>Program</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
1000	\$1,546,331	\$1,637,629	\$1,686,593	(\$90,667)	\$1,595,926
2000	\$167,742	\$144,729	\$118,747		\$118,747
3000	\$0	\$0	\$282,964	(\$119,680)	\$163,284
<b>TOTAL</b>	<b>\$1,714,074</b>	<b>\$1,782,358</b>	<b>\$2,088,304</b>	<b>(\$210,347)</b>	<b>\$1,877,957</b>

Committee Analysis and Comments

**3. FY 2020-2025 CAPITAL BUDGET**

The Mayor’s proposed budget for the Office of the Deputy Mayor for Health and Human Services does not include any capital funds.

**H. DC HEALTH BENEFIT EXCHANGE AUTHORITY**

**1. AGENCY MISSION AND OVERVIEW**

The D.C. Health Benefit Exchange Authority is a quasi-governmental agency charged with implementing and operating the District's Health Benefit Exchange in accordance with the Patient Protection and Affordable Care Act, thereby ensuring access to quality and affordable health care to all District residents. The Health Benefit Exchange operates DC Health Link, an online marketplace for District residents and small businesses to compare private health insurance plans, learn if they are eligible for tax credits or subsidies to purchase private insurance or qualify for Medicaid, and enroll in a health plan that best meets their needs. The Health Benefit Exchange enables individuals and small businesses and their employees to find affordable and easier-to-understand health insurance. The agency operates through the following 5 programs:

**Consumer Education and Outreach** – educates and informs District residents, small business owners, and small business employees about health coverage options available through DC Health Link by organizing special events, participating in sponsored activities, conducting educational seminars, partnering with other District agencies and organizations as well as conducting intensive outreach through all of these methods. This program contains the following 3 activities:

- **Consumer Education and Outreach Support Services** – educates District residents, small business owners and small business employees about health coverage options available through DC Health Link by organizing special events, participating in outside events, conducting educational seminars, partnering with other District agencies and organizations, and conducting intensive outreach through all of these methods;
- **Marketing and Communication** – provides support and awareness for DC Health Link through development of an earned media plan, printed materials for distribution, paid media campaigns that may include outdoor advertising, broadcast, newspapers and other publications, digital, and social media avenues; and
- **Navigators, Counselors, and In-Person Assisters (IPA)** – required for state-based marketplaces and is a condition for certification as a state-based marketplace. Navigators, Certified Application Counselors, and In-Person Assisters provide people one-on-one help with enrollment.

**Marketplace Innovation Policy and Operations** – performs functions required of all state-based marketplaces, including plan management eligibility determinations, and certification of qualified health and dental plans, as well as to ensure the efficient operation of an online insurance marketplace where individuals, families, small businesses, and their employees can shop and enroll in health insurance. This program contains the following 6 activities:

- **Contact Center** – required for state-based marketplaces and is a condition for certification as a state-based marketplace. Contact center takes calls to assist consumers with DC Health Link questions and on-line applications. Processes

paper applications and provides information for escalated cases to the HBX and Economic Security Administration (ESA);

- **Plan Management** – required for state-based marketplaces and is a condition for certification as a state-based marketplace. Working in conjunction with local and federal regulatory bodies, establishes and oversees the process to certify, recertify, and decertify Qualified Health Plans and Qualified Dental Plans available through DC Health Link. Also manages enrollment issues with Qualified Health Plan and Qualified Dental Plan carriers including the coordination of all Electronic Data Interchange (EDI)-related transactions to and from DC Health Link;
- **Eligibility and Enrollment** – required for state-based marketplaces and is a condition for certification as a state-based marketplace. With the support of IT, designs and manages the eligibility and enrollment process through a seamless, web-based application to determine individual and family member eligibility for Medicaid and/or advanced premium tax credits and to enable individuals and families to enroll in qualified health plans and qualified dental plans available through DC Health Link, manages and facilitates a legally required consumer appeals process; and, as required by federal law, provides tax reporting information to consumers and the IRS;
- **Member Services** – responsible for core customer service responsibilities essential to successful Exchange operations and evaluated as part of the state-based marketplace certification process. Researches complex customer service problems and works with multiple stakeholders to resolve those issues. Provides assistance to consumers with complex circumstances and to those needing extra help navigating the DC Health Link online marketplace, resolving any technical difficulties a customer may experience, ensuring that changes to eligibility and enrollment information are quickly updated and processed, enabling consumers to conduct certain services (such as address changes, reporting of life events, or special enrollment period transactions) over the phone, and resolving all escalated cases from the Contact Center and other sources;
- **Data Analytics and Reporting** – responsible for the development and implementation of federally required data reporting requirements and consumer-related surveys. This team manages the end-to-end process of developing functionality for electronic federal data reporting as well as the creation and dissemination of required IRS 1095A forms for tax reporting purposes. Develops consumer-related surveys around enrollment and satisfaction with DC Health Link; and
- **S.H.O.P. Operations** – required for state-based marketplaces and is a condition for certification as a state-based marketplace. Develops, operates and manages DC Health Link's Small Business Health Options Program (SHOP). The SHOP facilitates enrollment into qualified health plans for employees of small businesses that purchase coverage through DC Health Link. This team manages that process

from end-to-end, designs system improvements, and troubleshoots systems issues to ensure effective operation of the SHOP Marketplace. Works with IT on design, manages broker relationships, training, certification, and cases. Conducts outreach and works with the small business community.

**IT Related Operations** – provides critical development, maintenance and support for DC Health Link. The work includes providing operations and maintenance of HBX systems, managing the team of consultants that develop functionality for DC Health Link, and managing the EDI Operations team that oversees information transmitted between carriers and DC Health Link.

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

## 2. FISCAL YEAR 2020 OPERATING BUDGET

<i>DC Health Benefit Exchange Authority Fiscal Year 2020 Operating Budget, By Revenue Type</i>					
<i>Fund Type</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
ENTERPRISE AND OTHER FUNDS	\$40,875,683	\$31,143,597	\$31,768,832		\$31,768,832
LOCAL FUND	\$0	\$0			\$0
PRIVATE DONATIONS	\$0	\$0			\$0
<b>TOTAL</b>	<b>\$40,875,683</b>	<b>\$31,143,597</b>	<b>\$31,768,832</b>		<b>\$31,768,832</b>

<i>DC Health Benefit Exchange Authority Fiscal Year 2020 Full-Time Equivalents, By Revenue Type</i>					
<i>Fund Type</i>	<i>FY 2018 Actual</i>	<i>FY 2019 Approved</i>	<i>FY 2020 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
ENTERPRISE AND OTHER FUNDS	101.02	101.00	101.00		101.00
LOCAL FUND	-	-			-

<b>DC Health Benefit Exchange Authority Fiscal Year 2020 Full-Time Equivalents, By Revenue Type</b>					
<b>Fund Type</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Approved</b>	<b>FY 2020 Proposed</b>	<b>Sum of Committee Variance</b>	<b>Committee Approved</b>
PRIVATE DONATIONS	-	-			-
<b>TOTAL</b>		<b>101.00</b>	<b>101.00</b>		<b>101.00</b>

<b>DC Health Benefit Exchange Authority Fiscal Year 2020 Operating Budget, By Comptroller Source Group (Gross Funds)</b>					
<b>Source Group</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Approved</b>	<b>FY 2020 Proposed</b>	<b>Sum of Committee Variance</b>	<b>Committee Approved</b>
0011	\$7,998,338	\$9,246,613	\$10,050,523		\$10,050,523
0012	\$1,804,469	\$2,033,787	\$1,259,978		\$1,259,978
0013	\$198,449	\$130,620	\$101,761		\$101,761
0014	\$1,827,233	\$2,786,259	\$2,793,694		\$2,793,694
0015	\$45,638	\$45,000	\$45,000		\$45,000
0020	\$30,371	\$91,793	\$77,280		\$77,280
0031	\$326,603	\$472,148	\$484,049		\$484,049
0032	\$2,349,271	\$2,478,964	\$3,010,166		\$3,010,166
0034	\$0	\$2,083	\$0		\$0
0035	\$0	\$92,581	\$0		\$0
0040	\$384,791	\$631,701	\$535,186		\$535,186
0041	\$25,910,520	\$13,047,448	\$13,325,195		\$13,325,195
0050	\$0	\$0			\$0
0070	\$0	\$84,600	\$86,000		\$86,000
<b>TOTAL</b>	<b>\$40,875,683</b>	<b>\$31,143,597</b>	<b>\$31,768,832</b>		<b>\$31,768,832</b>

<b>DC Health Benefit Exchange Authority Fiscal Year 2020 Operating Budget, By Program (Gross Funds)</b>					
<b>Program</b>	<b>FY 2018 Actual</b>	<b>FY 2019 Approved</b>	<b>FY 2020 Proposed</b>	<b>Sum of Committee Variance</b>	<b>Committee Approved</b>
1000	\$9,180,403	\$5,616,754	\$5,660,719		\$5,660,719
100F	\$626,230	\$704,308	\$734,258		\$734,258
5000	\$2,386,430	\$2,979,574	\$2,983,333		\$2,983,333
7000	\$7,603,527	\$10,167,104	\$10,492,332		\$10,492,332
8000	\$21,079,092	\$11,675,858	\$11,898,189		\$11,898,189
<b>TOTAL</b>	<b>\$40,875,683</b>	<b>\$31,143,597</b>	<b>\$31,768,832</b>		<b>\$31,768,832</b>

Committee Analysis and Comments

**3. FY 2020-2025 CAPITAL BUDGET**

The Mayor's proposed budget for the DC Health Benefit Exchange Authority does not include any capital funds.

**III. TRANSFERS TO OTHER COMMITTEES**



In addition to the changes recommended for agencies within its jurisdiction, the Committee has worked with other committees to identify funding needs and recommends transfers to support programs in those other committees as described above.

## **IV. BUDGET SUPPORT ACT RECOMMENDATIONS**

On Wednesday, March 20, 2019, Chairman Mendelson introduced, on behalf of the Mayor, the “Fiscal Year 2020 Budget Support Act of 2019” (Bill 23-209). The Committee recommends the addition of 7 new subtitles.

### **A. RECOMMENDATIONS ON MAYOR’S PROPOSED SUBTITLES**

### **B. RECOMMENDATIONS FOR NEW SUBTITLES**

The Committee on Health recommends the following new subtitles to be added to the “Fiscal Year 2020 Budget Support Act of 2019”:

1. **Dementia Services Coordinator Act of 2019**
  2. **Medical Marijuana Patient Health and Accessibility Improvement Act of 2019**
  3. **Department of Health Care Finance Grant-Making Amendment Act of 2019**
  4. **Not-for-Profit Hospital Corporation Fiscal Oversight and Transition Planning Act of 2019**
  5. **Medicaid Hospital Supplemental Payment Amendment Act of 2019**
  6. **D.C. Healthcare Alliance Reform Amendment Act of 2019**
  7. **Leverage for our Future Act of 2019**
1. **Dementia Services Coordinator Act of 2019**
    - a. Purpose, Effect, and Impact on Existing Law

Amends the Department of Health Functions Clarification Act of 2001 to establish the Dementia Services Coordinator position within the Department of Health
    - b. Committee Reasoning

As the District's population ages, steps need to be taken to ensure that a comprehensive system of care exists for their benefit. The subtitle will create a position tasked with providing for this continuum.

c. Section-by-Section Analysis

Section 50XX - Short title

Section 50XX - Establishes Dementia Services Coordinator

d. Legislative Recommendations for Committee of the Whole

Please see Attachment A for the legislative language.

e. Fiscal Impact

\$534,537 in FY20, \$1,456,314.81 over the financial plan

2. **Medical Marijuana Patient Health and Accessibility Improvement Act of 2019**

a. Purpose, Effect, and Impact on Existing Law

Amends the Legalization of Marijuana for Medical Treatment Initiative of 1998 to authorize the dispensation of medical marijuana to qualifying patients over the age of 21 at safe-use facilities, to allow qualifying patients, upon application to the Mayor for a medical marijuana registration identification card, to immediately purchase medical marijuana on a provisional basis, subject to the approval or rejection of a registration application, and to eliminate the limit on the number of marijuana plants that cultivation centers are permitted to grow.

b. Committee Reasoning

The Medical Marijuana program is at risk at falling behind similarly situated jurisdictions. This subtitle proposes numerous improvement to the District's program which should keep it viable for years to come.

c. Section-by-Section Analysis

Section 1 - States the short title of the legislation.

Section 2 - Amends the Legalization of Marijuana for Medical Treatment Initiative of 1998, effective February 25, 2010 (D.C. Law 13-315, D.C. Official Code § 7-1671.01 *et seq*).

d. Legislative Recommendations for Committee of the Whole

Please see Attachment A for the legislative language.

e. Fiscal Impact

\$266,140 in FY 20, \$1,113,432 over the financial plan

3. **Department of Health Care Finance Grant-Making Amendment Act of 2019**

a. Purpose, Effect, and Impact on Existing Law

To provide a grant for medical respite care for homeless individuals; to direct the Department of Health Care Finance to submit a report setting forth its recommendations regarding the establishment of medical respite care services for individuals who are homeless through either a Medicaid State Plan amendment or a Medicaid Section 1115 demonstration waiver.

b. Committee Reasoning

Respite care persons without a home is an important service that provides health support to individuals who may not be ill enough for hospitalization but are too unwell to recover from an ailment without additional care. Respite care cost a fraction of inpatient care and is a more efficient form of care for lower acuity patients. Additionally, crowding at Washington Hospital Center could be alleviated by providing more avenues for frequent hospital users to obtain care outside of the hospital. In addition, studies show that the social determinants of health have a far greater impact on the health of a community than any other factor. This legislation applies funding to organizations seeking to address these determinants.

c. Section-by-Section Analysis

Section 50XX - States the short title of the legislation.

Section 50XX – Amends Section 8a of the Department of Health Care Finance Establishment Act of 2007, effective December 13, 2017 (D.C. Law 17-109; D.C. Official Code § 7-771.07a).

d. Legislative Recommendations for Committee of the Whole

Please see Attachment A for the legislative language.

e. Fiscal Impact

One time, \$150,000 in FY20

**4. Not-for-Profit Hospital Corporation Fiscal Oversight and Transition Planning Act of 2019**

a. Purpose, Effect, and Impact on Existing Law

Amends the Not-for-Profit Hospital Corporation Establishment Amendment Act of 2011 to establish fiscal controls on the budget of the Not-for-Profit Hospital Corporation for Fiscal Years 2019, 2020, 2021, and 2022; to establish a transition planning timeline for the closure of the Not-for-Profit Hospital Corporation; and to waive Certificate of Need requirements for facilities in Wards 7 and 8 needed for the Not-for-Profit Hospital Corporation transition.

b. Committee Reasoning

This legislation waives certificate of need requirements for facilities in Wards 7 and 8 needed for the Not-for-Profit Hospital Corporation transition.

c. Section-by-Section Analysis

Sec. 50XX - Short title

Sec. 50XX - Reconfigures the board of directors of the Not-for-Profit Hospital Corporation; requires submission of a gap closing plan by the Chief Executive Officer of the Not-for-Profit Hospital Corporation

Sec. 50XX - Provides for dissolution of UMC

Sec. 50XX - Requires public hearings by SHPDA

d. Legislative Recommendations for Committee of the Whole

Please see Attachment A for the legislative language

e. Fiscal Impact

One-time \$600,000 in FY20

**5. Medicaid Hospital Supplemental Payment Amendment Act of 2019**

a. Purpose, Effect, and Impact on Existing Law

Amends the Medicaid Hospital Outpatient Supplemental Payment Act of 2017 and the Medicaid Hospital Inpatient Rate Supplement Act of 2017 to continue these dedicated taxers for Fiscal Year 2020.

b. Committee Reasoning

This subtitle continues the provider tax for 10 years at the request of the hospitals, which was set to sunset.

c. Section-by-Section Analysis

Sec. 50XX - Short title

Sec. 50XX - Reinstates the hospital provider tax for Fiscal Year 20

Sec. 50XX - Provides for increased reimbursement rates for hospitals.

d. Legislative Recommendations for Committee of the Whole

Please see Attachment A for the legislative language

e. Fiscal Impact

Revenue generated:

- Federal Medicaid payments: \$31,098,187
- Dedicated taxes:
  - Hospital Assessment Tax (0114): \$7,988,595
  - Hospital Provider Tax (0115): \$5,436,602

**6. D.C. Healthcare Alliance Reform Amendment Act of 2019**

a. Purpose, Effect, and Impact on Existing Law

To amend the Health Care Privatization Amendment Act of 2001 to allow enrollees in the D.C. Healthcare Alliance to submit packages for Alliance recertification at community health providers and to extend the enrollment period from six months to one year beginning April 1, 2023.

b. Committee Reasoning

The current climate and the activities of the Trump administration have made undocumented immigrants fearful of government buildings. This legislation relaxes the recertification process for alliance beneficiaries so that beneficiaries must only re-certify once a year as opposed to every 6 months. This bill is necessary to ensure that immigrants will continue to avail themselves of the alliance program not only when their health deteriorates, but also for well visits and preventative care.

c. Section-by-Section Analysis

Sec. 50XX - Short title

Sec. 50XX - DC Healthcare Alliances enrollees who enroll prior to April 1, 2023 shall be required to recertify every 6 months in a clinic and enrollees who enroll after March 31, 2023 shall be required to recertify their enrollment on an annual basis.

d. Legislative Recommendations for Committee of the Whole

Please see Attachment A for the legislative language

e. Fiscal Impact

One-time \$2,464,394 in FY20

**7. Leverage for our Future Act of 2019**

a. Purpose, Effect, and Impact on Existing Law

On March 19, 2019, Councilmember Nadeau, along with Councilmember Cheh, introduced Bill 23-0198, the “Leverage for our Future Act of 2019”.<sup>1</sup> This subtitle incorporates that bill, which authorizes the Department of Health (“DC Health”) to issue a competitive grant to a home visiting provider to deliver evidence-based home visiting services for organizations that focuses exclusively on low-income, Medicaid eligible, first-time mothers.

b. Committee Reasoning

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<sup>1</sup> See, Bill 23-0198, the “Leverage for Our Future Act of 2019”, available at <http://lims.dccouncil.us/Download/42103/B23-0198-Introduction.pdf>. The Committee on Health held a hearing on Bill 23-0198 on April 23, 2019.

The number of slots for home visiting programs have fluctuated over the years due in part to fluctuating federal funding for home visiting that could be matched with local dollars. In FY2016, the District replaced 60 home visiting slots with local funding when a federal grant ended. Although the number of home visiting slots have increased to serve 300 families, much of that funding uses local dollars. Home visiting programs that use several streams of income such as federal, various private grants as well as local dollars would mean that the home visiting program would not be dependent on any one stream of funding. Additionally, the home visiting program would have greater financial stability while freeing up local dollars to invest in other home visiting programs to provide services to other high-risk families in need.

There is a much evidence that home visiting programs focusing exclusively on first-time mothers enrolled before birth have better outcomes that lead to healthier mothers and children, thriving families with a pathway out of poverty, stronger communities and smarter government spending. One study found a net benefit to society per higher-risk family served, with the bulk of the savings accruing to government, equating to a \$5.70 return for every dollar invested in a home visiting program focused exclusively on first-time, low-income mothers. Longitudinal studies of families that have enrolled in such programs have resulted in less dependence on Medicaid and SNAP.

Jessica Lipper, Government Affairs Manager for Nurse-Family Partnership (“NFP”), testified that NFP is a home visiting provider that delivers services exclusively to first time, low-income mothers who enroll by the 26th week of pregnancy. She explained that the NFP program had outcomes that include “improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, and increased maternal employment.” Dr. Anjali Talwalkar, Principal Senior Deputy Director for the Department of Health, crucial of the legislation noted that the District has home visiting services available to first time mothers and that there was a small population of first-time mothers who were low income. Dr. Talwalkar explained that most of the first-time low-income mothers joined existing home visiting programs after birth, and these mothers were the minority of those enrolled in-home visiting programs currently offered.

There has not been an intensive focus on low-income, first time mothers exclusively in the District’s home visiting programs and certainly not one that urged first time moms to join before birth. It is notable that one of the outcomes of success for NFP was an

improved prenatal health, which the current home visiting programs do not emphasize. And contrary to Dr. Talwalkar's concern that such a program as NFP is designed for rural communities, NFP operates nationwide in 42 states and the Virgin Islands as well as major cities, including the most populous: New York City. There is little evidence to suggest that a home visiting program that uses nurses, such as NFP, would be a drain on available nurses, as some critics have suggested given that NFP, if selected as a grantee of this competitive grant, would potentially operate with a team of four nurses to serve 100 families. Given the great benefits that a home visiting provider who offers home visiting services exclusively to low-income, Medicaid eligible, first time mothers would have for the health and wellbeing of families in the District, the Committee recommends adopting this subtitle.

Should the Committee learn that such a program will not have the private funding available to support the home visiting program by the first vote of the Local Budget Act of 2020, the Committee will revert funds designated for this subtitle to the Committee on Human Services for the purpose of funding the Street Outreach program.

c. Section-by-Section Analysis

Section 5XX1 - Short title

Section 5XX2 - The Birth-to-Three for All DC Amendment Act of 2018 to require the Department of Health to issue a competitive grant to a home visiting provider to support the provision of home visiting services to certain first-time mothers

d. Legislative Recommendations for Committee of the Whole

Please see Attachment A for the legislative language.

e. Fiscal Impact

The Budget Director concludes that this amendment will not have a negative impact on the District of Columbia's fiscal year 2020 budget and its four-year financial plan. The Committee on Human Services voted at their mark-up on May 1, 2019 to fully fund this amendment by transferring \$150,000 in Local funds (recurring) to the Committee on Health through the "Fiscal Year 2020 Local Budget Act of 2019"



## V. COMMITTEE ACTION AND VOTE

The Committee met on May 2, 2019. A quorum was present consisting of Committee Chairperson Gray and Councilmembers Grosso, Nadeau, Cheh, and Todd.

Councilmember Nadeau proposed an amendment to the Birth-to-Three for All DC Amendment Act of 2018, the Leverage for our Future Act of 2019, to require the Department of Health to issue a competitive grant to a home visiting provider to support the provision of home visiting services to certain first-time mothers. The amendment was accepted as friendly, without objection.

The Committee voted to support the recommendations in the Committee report by a unanimous 5-0 vote.

## VI. ATTACHMENTS

- A. Bill 23-209, Fiscal Year 2020 Budget Support Act of 2019 Recommendations
- B. Department of Health Fiscal Year 2020 Budget Oversight Hearing Witness List and Testimony
- C. Department of Health Care Finance Fiscal Year 2020 Budget Oversight Hearing Witness List and Testimony
- D. Department of Behavioral Health Fiscal Year 2020 Budget Oversight Hearing Witness List and Testimony
- E. Not-for-Profit Hospital Corporation Fiscal Year 2020 Budget Oversight Hearing Witness List and Testimony
- F. Office of the Deputy Mayor for Health and Human Services Fiscal Year 2020 Budget Oversight Hearing Witness List and Testimony
- G. DC Health Benefit Exchange Authority Fiscal Year 2020 Budget Oversight Hearing Witness List and Testimony
- H. Budget Summary Table