
COMMITTEE ON HEALTH
VINCENT C. GRAY, CHAIRPERSON
FISCAL YEAR 2022 COMMITTEE BUDGET REPORT



TO: Members of the Council of the District of Columbia

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

DATE: June 30, 2021

SUBJECT: **DRAFT** Report and Recommendations of the Committee on Health on the Fiscal Year 2022 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 2022 (“FY 2022”) 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 2022 Budget Support Act of 2021, as proposed by the Mayor.

TABLE OF CONTENTS

I. Summary.....X

 A. Executive SummaryX

 B. Operating Budget Summary TableX

 C. Full Time-Equivalent Table.....X

 D. FY22-27 Agency Capital Budget SummaryX

 E. Inter-Committee Transfers.....X

 F. Funding of Legislation.....X

 G. Summary of Committee RecommendationsX

 Deputy Mayor for Health and Human Services (HG0)X

 Department of Health (HC0)X

 Department of Behavioral Health (RM0)X

 Department of Health Care Finance (HT0)X

 Not-for-Profit Hospital Corporation & Subsidy (HX0 and HW0)X

 Health Benefit Exchange Authority (HI0).....X

II. Agency FY22 Budget and Policy RecommendationsX

 A. Deputy Mayor for Health and Human Services (HG0)X

 a. Agency Overview.....X

 b. Operating Budget Analysis and Recommendations.....X

 c. Policy RecommendationsX

B.	Department of Health (HC0)	X
a.	Agency Overview	X
b.	Operating Budget Analysis and Recommendations	X
c.	Capital Budget Analysis and Recommendations	X
d.	Policy Recommendations	X
C.	Department of Behavioral Health (RM0)	X
a.	Agency Overview	X
b.	Operating Budget Analysis and Recommendations	X
c.	Capital Budget Analysis and Recommendations	X
d.	Policy Recommendations	X
D.	Department of Health Care Finance (HT0)	X
a.	Agency Overview	X
b.	Operating Budget Analysis and Recommendations	X
c.	Capital Budget Analysis and Recommendations	X
d.	Policy Recommendations	X
E.	Not-for-Profit Hospital Corporation & Subsidy (HX0 & HW0)	X
a.	Agency Overview	X
b.	Operating Budget Analysis and Recommendations	X
c.	Policy Recommendations	X
F.	Health Benefit Exchange Authority (HI0)	X
a.	Agency Overview	X
b.	Operating Budget Analysis and Recommendations	X
c.	Policy Recommendations	X
III.	Budget Support Act Comments	X
A.	Budget Support Act Subtitles Proposed by the Mayor	X
1.	Subtitle V-A. Medicaid Hospital Outpatient Payment	X
2.	Subtitle V-C. Medicaid Reserve Fund	X
3.	Subtitle V-D. Unjust Convictions Health Care	X
4.	Subtitle V-E. Department of Health Care Finance Solicitations	X
5.	Subtitle V-F. Howard University Hospital Centers of Excellence	X
B.	New Budget Support Subtitles Proposed by the Committee on Health	X
1.	Title - Subtitle - Stevie Sellow's Direct Support Professionals Quality Improvements	X
2.	Title - Subtitle - First Time Mothers Home Visiting Program	X
3.	Title - Subtitle - Maternal Health Resources and Access	X
4.	Subtitle V-X. Department of Health Care Finance Grant-Making Authority	X
5.	Subtitle V-X. Managed Care Contract Fiscal Limitation	X
6.	Subtitle V-X. Subject to Appropriations Repeal and Amendments	X
IV.	Committee Action and Vote	X

V. Attachments	X
A. Committee on Health Fiscal Year 2022 Budget Support Act Subtitles	X
a. Subtitle V-A. Medicaid Hospital Outpatient Payment.....	X
b. Subtitle V-C. Medicaid Reserve Fund	X
c. Subtitle V-D. Unjust Convictions Health Care	X
d. Subtitle V-E. Department of Health Care Finance Solicitations.....	X
e. Subtitle V-F. Howard University Hospital Centers of Excellence	X
f. Title – Subtitle – Stevie Sellow’s Direct Support Professionals Quality Improvements.....	X
g. Title - Subtitle - First Time Mothers Home Visiting Program	X
h. Title – Subtitle - Maternal Health Resources and Access	X
i. Subtitle V-X. Department of Health Care Finance Grant-Making Authority	X
j. Subtitle V-X. Managed Care Contract Fiscal Limitation	X
k. Subtitle V-X. Subject to Appropriations Repeal and Amendments	X
B. Committee on Health Fiscal Year 2022 Hearing Witness Lists	X
a. June 4, 2021 – DBH and HBX	X
b. June 7, 2021 – DHCF, DMHHS, NFPHC	X
c. June 11, 2021 - DOH	X
C. Committee on Health Fiscal Year 2022 Hearing Testimony	X
a. Office of the Deputy Mayor for Health and Human Services.....	X
b. Department of Health	X
c. Department of Behavioral Health.....	X
d. Department of Health Care Finance.....	X
e. Not-for-Profit Hospital Corporation.....	X
f. DC Health Benefit Exchange Authority.....	X

I. SUMMARY

A. EXECUTIVE SUMMARY

The Fiscal Year 2022 proposed budget from the Executive Branch makes many important investments to advance health equity in the District of Columbia. In previous fiscal cycles, particularly Fiscal Years 2018-2020, this Committee was very critical of what it perceived as a lack of investment in key health equity priorities and a lack of leadership in the Office of the Deputy Mayor for Health and Human Services and the Department of Behavioral Health.

However, in recent years, there has been new leadership appointed in these key agencies. A Mayor's Commission on Healthcare Systems Transformation was created, which brought together key health care leaders from the public and private sector, and the Chairperson of the Committee on Health was a member of the Commission. Many of Commission's recommendations have been funded in the approved Fiscal Year 2021 budget and this proposed Fiscal Year 2022 budget. Additionally, key funding priorities requested by the Chairperson of the Committee on Health in a May 6, 2021 were included in the Mayor's proposed budget, including:

- Keeping capital funding for the construction of a new East End health care system on the approved construction schedule;
- Sustaining Medicaid telehealth reforms that were implemented during the pandemic and eliminating the in-person certification requirements for the DC HealthCare Alliance for at least FY 2022;
- Investing in an expansion of the School-Based Mental Health Program to every school, which is crucially important for addressing the trauma our children experienced during COVID-19 as they return to in-person education;
- Expand the number of community-competent behavioral healthcare professionals who respond to individuals in crisis at the Department of Behavioral Health as was recommended by the District of Columbia Police Reform Commission;
- Fully implementing the Dementia Training for Direct Care Workers Act of 2020; and
- Funding incentives to attract to new grocery stores in Ward 7 at Northeast Heights and Capitol Gateway. Although these funds are not under the purview, this Committee has made ending food deserts a top priority due to improved health outcomes that result from all residents having convenient access to affordable, healthy food. I am also excited to see new investments in increasing food access. Three-quarters of all food deserts are located in wards 7 and 8, and the lack of equitable access to affordable, healthy food in communities of color contributed significantly to chronic health conditions, like obesity,

diabetes, and heart disease, that in turn, exacerbated the death rates from covid-19. I approved legislation to accelerate the construction of new full-service grocery stores.

There are still programs for which the Committee on Health (Committee) seeks to reallocate funds, such as an expansion of Birth-to-Three services, additional school nurses, and permanently implementing the DC HealthCare Alliance reforms approved by the Council in D.C. Law 23-0251, the “Prescription Drug Monitoring Program Query and Omnibus Health Amendment Act of 2020”. However, overall this budget invests needed funds in the proper public health areas to allow District to recover to become a more equitable and healthy city after the tragic loss of life we experiencing following the COVID-19 pandemic.

Finally, the Committee would like to commend the leadership of the Executive Branch for their hard work keeping the public safe throughout the COVID-19 health emergency by taking a science-driven approach to shutdowns, travel restrictions, mask requirements, vaccinations, and now a full re-opening of schools, business, and government in the District of Columbia. Throughout the pandemic, when the Committee requested changes, such as a pre-registration process for vaccinations and loosening restrictions on nursing home and assisted living, the Executive Branch made policy adjustments in a timely manner. Specifically, the Committee would like to thank the following people for their dedication, professionalism, transparency in responding to Council requests for information, and willingness to attend a series of Committee on Health public hearings held to keep the public informed throughout the pandemic, including: Mayor Bowser; former City Administrator Rashad Young; Deputy Mayor Wayne Turnage; Dr. Barbara Bazron, Director of the Department of Behavioral Health; Mila Kofman, Executive Director of the DC Health Benefit Exchange Authority; Jay Melder, Assistant City Administrator for Internal Services; Lindsay Parker, Chief Technology Officer; Dr. Ankoor Shah and Patrick Ashley from the Department of Health; and many other dedicated staff who were essential workers in the fight against COVID-19.

B. FISCAL YEAR 2022 AGENCY OPERATING BUDGET SUMMARY

(Dollars in Thousands)

<i>Fund Type</i>	<i>FY 2020 Actual</i>	<i>FY 2021 Approved</i>	<i>FY 2022 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
<i>Office of the Deputy Mayor for Health and Human Services</i>					
Local	\$2,125	\$2,116	\$2,923		
Intra-District	\$350	\$0	\$0		
Gross Funds	\$2,475	\$2,116	\$2,923		
<i>Department of Health</i>					
Local	\$80,292	\$90,029	\$87,787		
Special Purpose Revenue Funds	\$19,722	\$30,021	\$19,171		
Federal Payments	\$8,715	\$4,000	\$15,924		
Federal Grant Funds	\$137,321	\$139,161	\$157,402		

<i>Fund Type</i>	<i>FY 2020 Actual</i>	<i>FY 2021 Approved</i>	<i>FY 2022 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
Private Grant Funds	\$199	\$71	\$43		
Intra-District	\$6,853	\$860	\$1,487		
Gross Funds	\$253,085	\$264,141	\$281,814		
<i>Department of Behavioral Health</i>					
Local	\$273,265	\$272,004	\$285,486		
Dedicated Taxes	\$0	\$200	\$200		
Special Purpose Revenue	\$2,315	\$2,650	\$2,687		
Federal Payments	\$0	\$0	\$10,221		
Federal Grants	\$27,605	\$15,135	\$38,853		
Federal Medicaid Payments	\$2,603	\$2,991	\$2,858		
Private Grant	\$262	\$446	\$486		
Private Donations	\$54	\$161	\$161		
Intra-District	\$12,626	\$14,059	\$13,310		
Gross Funds	\$318,730	\$307,648	\$354,262		
<i>Department of Health Care Finance</i>					
Local	\$716,796	\$857,623	\$846,753		
Dedicated Taxes	\$78,423	\$98,195	\$103,219		
Special Purpose Revenue Funds	\$1,395	\$6,597	\$6,434		
Federal Payments	\$0	\$0	\$1,500		
Federal Grant Funds	\$1,214	\$6,068	\$3,207		
Federal Medicaid Payments	\$2,545,302	\$2,472,819	\$2,544,794		
Intra-District	\$98,200	\$138,716	\$138,652		
Gross Funds	\$3,441,330	\$3,580,017	\$3,644,559		
<i>Not-for-Profit Hospital Corporation</i>					
Enterprise and Other Funds	\$0	\$155,000	\$155,000		
Gross Funds	\$0	\$155,000	\$155,000		
<i>Not-for-Profit Hospital Corporation Subsidy</i>					
Local Funds	\$22,317	\$15,000	\$15,000		
Gross Funds	\$22,317	\$15,000	\$15,000		
<i>Health Benefit Exchange Authority</i>					
Enterprise and Other Funds	\$34,208	\$30,948	\$32,842		
Gross Funds	\$34,208	\$30,948	\$32,842		

C. FISCAL YEAR 2022 AGENCY FULL-TIME EQUIVALENTS

<i>Fund Type</i>	<i>FY 2020 Actual</i>	<i>FY 2021 Approved</i>	<i>FY 2022 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
<i>Office of the Deputy Mayor for Health and Human Services</i>					
Local	11.7	12.8	15.8		
Intra-District	2.0	0.0	0.0		
Gross Funds	13.7	12.8	15.8		
<i>Department of Health</i>					
Local	168.5	154.6	153.7		
Special Purpose Revenue Funds	151.0	150.3	141.9		
Federal Payments	0.0	0.0	0.0		
Federal Grant Funds	480.4	349.4	378.5		
Private Grant Funds	0.0	0.0	0.3		
Intra-District	4.5	4.8	5.7		
Gross Funds	804.4	659.1	680.0		
<i>Department of Behavioral Health</i>					
Local	1,158.2	1,228.2	1,229.8		
Dedicated Taxes	0.0	0.0	0.0		
Special Purpose Revenue	15.7	16.2	16.2		
Federal Payments	0.0	0.0	65.0		
Federal Grants	113.5	77.6	88.6		
Federal Medicaid Payments	5.0	5.0	4.0		
Private Grant	0.0	0.0	0.0		
Private Donations	0.0	0.0	0.0		
Intra-District	75.1	68.9	61.0		
Gross Funds	1,367.6	1,395.9	1,464.6		
<i>Department of Health Care Finance</i>					
Local	107.1	135.7	142.9		
Dedicated Taxes	4.4	5.5	6.0		
Special Purpose Revenue Funds	11.5	17.5	16.4		
Federal Payments	0.0	0.0	0.0		
Federal Grant Funds	1.0	0.0	0.0		
Federal Medicaid Payments	136.7	191.6	182.0		
Intra-District	2.2	3.7	3.7		

<i>Fund Type</i>	<i>FY 2020 Actual</i>	<i>FY 2021 Approved</i>	<i>FY 2022 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
Gross Funds	263.0	354.0	351.0		
<i>Not-for-Profit Hospital Corporation</i>					
Enterprise and Other Funds	0.0	0.0	0.0		
Gross Funds	0.0	0.0	0.0		
<i>Not-for-Profit Hospital Corporation Subsidy</i>					
Local Funds	0.0	0.0	0.0		
Gross Funds	0.0	0.0	0.0		
<i>Health Benefit Exchange Authority</i>					
Enterprise and Other Funds	99.5	109.0	109.0		
Gross Funds	99.5	109.0	109.0		

DRAFT

D. FY 2022 - 2027 AGENCY CAPITAL BUDGET SUMMARY

(Dollars in Thousands)

Project No.	Project Title	Scenario	Unspent Allotment	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	6-year total
Department of Health										
HC102	AM0-HC102-DC Animal Shelter Renovation & Expansion	Design	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Project Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Construction	\$3,300	\$862	\$0	\$0	\$0	\$0	\$0	\$862
FSH01	HC0-FSH01-Food Safety and Hygiene Inspection Services	IT Requirements – Development/Systems Design	\$0	\$0	\$250	\$0	\$0	\$0	\$0	\$250
Total			\$3,300	\$862	\$250	\$0	\$0	\$0	\$0	\$1,112
Department of Health Care Finance										
MES23	HT0-MES23-DCAS Release 3	IT Requirements – Development/Systems Design	\$16,216	\$4,497	\$0	\$0	\$0	\$0	\$0	\$4,497
DIM01	HT0-DIM01-Enterprise Data Integration System/Medicaid	IT Requirements – Development/Systems Design	\$0	\$724	\$1,475	\$1,475	\$0	\$0	\$0	\$3,674
MPM03	HT0-MPM03-MMIS Upgraded System	IT Requirements – Development/Systems Design	\$76,631	\$4,940	\$0	\$0	\$0	\$0	\$0	\$4,940
PBM01	HT0-PBM01-Pharmacy Benefit Manager System Refresh	IT Requirements – Development/Systems Design	\$0	\$360	\$0	\$0	\$0	\$0	\$0	\$360
PDM01	HT0-PDM-01-Provider Data Management System Refresh	IT Requirements – Development/Systems Design	\$0	\$400	\$0	\$0	\$0	\$0	\$0	\$400
UMV01	AM0-UMV01-Saint Elizabeths Medical Center	Construction	\$17,314	\$114,300	\$128,000	\$87,900	\$0	\$0	\$0	\$328,200
Total			\$110,161	\$125,222	\$127,475	\$89,375	\$0	\$0	\$0	\$342,072
Department of Behavioral Health										
HX995	RM0-HX995-Electronic Health Record Systems Replacement	IT Deployment & Turnover	\$0	\$500	\$0	\$0	\$0	\$0	\$0	\$500
HX990	RM0-HX990-Facility Upgrades	IT Requirements – Development/Systems Design	\$3,675	\$3,920	\$1,150	\$0	\$0	\$0	\$0	\$5,070
Total			\$3,675	\$4,420	\$1,150	\$0	\$0	\$0	\$0	\$5,570

E. INTER-COMMITTEE TRANSFERS

Receiving Committee	Amount	FTEs	Receiving agency	Amount	FTEs	Program	Purpose	Recurring or One-Time
Total								

F. FUNDING OF LEGISLATION

Bill #, Law #, Subtitle #	Status	Agency	Program/Activity	Amount	FTEs

G. SUMMARY OF COMMITTEE BUDGET RECOMMENDATIONS

OFFICE OF THE DEPUTY MAYOR FOR HEALTH AND HUMAN SERVICES

A. The Committee approves the operating budget with the following changes:

1. Change the designation of the \$250,000 enhancement in the Thrive by Five Coordinating Council Program for the Mayor’s Maternal Infant Health Summit from recurring Local Funds to One-Time Local Funds. Shift the financial plan savings to Department of Health Care Finance’s budget Activity 5003.

DEPARTMENT OF HEALTH

A. The Committee approves the operating budget with the following changes:

1. Reduce 7.0 vacant FTEs totaling \$659,907 in recurring Local Funds.

Program	Activity	Position No	Position Title	FY 2022 Salary	FY2022 Fringe	Salary Lapse \$ Reduction	FY 2022 Total
4515	4515	20807	STAFF ASSISTANT	71,106	15,928	(3,568)	83,465
4515	4515	82112	SANITARIAN BIL	72,168	16,166	(3,622)	84,712
4515	4515	82114	SANITARIAN BIL	72,889	16,327	(3,658)	85,558
4515	4515	87658	Sanitarian	85,557	19,165	(4,294)	100,428
4515	4515	92051	Food Technologist	107,022	23,973	(5,371)	125,624
4515	4515	94753	SANITARIAN BIL	71,122	15,931	(3,569)	83,484
4530	4530	97312	Public Health Analyst	82,326	18,441	(4,131)	96,636
TOTAL				562,189	125,930	(28,213)	659,907

2. Add \$300,000 in recurring Local Funds to the HealthySteps Program.
3. Fund Bill 24-123, the “Certified Midwife Credential Amendment Act of 2021” in the amounts of \$215,923 for FY 2022, \$222,139 for FY 2023, \$228,561 for FY 2024, and \$235,198 for FY 2025.
4. Add \$143,984 in recurring Local Funds to nonpersonal services to continue hiring more school nurses in accordance with D.C. Law 22-61.

5. Shift the \$500,000 federal payment for the Produce Rx Program to the Department of Health Care Finance.
6. Reduce the \$1,941,000 Federal Payment for the Capital Area Food Bank by \$941,000, and reallocate the funding as follows:
 - Add \$250,000 in one-time funding for the Healthy Corner Store Partnership Program, which delivers low-cost produce to corner stores, and provides SNAP matching dollars for produce purchases. This increase in funding will double the number of stores offering SNAP Match produce incentives and support the roll-out of WIC benefits and consumer nutrition education at corner stores.
 - Add \$325,000 in one-time funding to Joyful Food Markets, free pop-up markets at District elementary schools run jointly by CAFB and Martha’s Table. This funding will increase the reach of the program by 21%, allowing it to reach half of all enrolled elementary students in Wards 7 and 8.
 - Add \$231,000 in FY 2022, and \$60,000 in FY 2023 for Produce Plus program, which empowers residents receiving SNAP, WIC, TANF, SSI Disability, Medicare, and Medicaid to purchase fresh, nutritious foods. This additional funding will address high demand for the program which currently has a waitlist for participants.
 - Add \$25,000 in FY 2022, FY 2023, and FY 2024 to maintain FY 2021 funding levels for home-delivered meals for individuals with serious illnesses.

B. The Committee approves the capital budget as proposed by the Mayor.

DEPARTMENT OF BEHAVIORAL HEALTH

A. The Committee approves the operating budget with the following changes:

1. Reduce 3.0 vacant FTEs totaling \$416,134 in recurring Local Funds.

Program	Activity	Position No	Position Title	FY 2022 Salary	FY2022 Fringe	Salary Lapse \$ Reduction	FY 2022 Total
1800	1050	12686	Program Coordinator	\$ 82,326.00	\$ 22,557.32	\$ (4,116.30)	\$ 100,767.02
1800	1889	1611	Senior Policy Advisor	\$ 169,950.00	\$ 46,566.30	\$ (8,497.50)	\$ 208,018.80
5900	5920	76918	Program and Policy Coordinator	\$ 87,703.00	\$ 24,030.62	\$ (4,385.15)	\$ 107,348.47
TOTAL				339,979	93,154	(16,999)	416,134

2. Increase funding for the Healthy Futures Program by \$416,134.
3. Reallocate the use of \$1,872,800 within the \$5,837,722 enhancement to the School Based Mental Health Program expansion. In FY 2021, providers received a one-

time \$10,000 add-on payment to remain financially stable during the COVID-19 pandemic. The total cost of this add-on was \$1.5 million in FY 2021. Continuing this add-on for Fiscal Year 2022 at the \$10,000 level would cost \$2,341,000, which includes the \$1.5 million for existing schools and \$841,000 for new schools. The Committee believe some level of add-on funding will be needed in FY 2022 on a one-time basis to continue to keep providers stable. However, an \$8,000 add-on payment should be sufficient in FY 2022 with students returning to in-person education and COVID-19 rates declining significantly. The \$1,872,800 is derived from multiplying \$2,341,000 by 0.8. This funding is available in Fiscal Year 2022, because it is not realistically feasible to expect that the program will be fully effectuated by October 1, 2021. However, the Committee directs that when school begins for the 2022-2023 school year that the add-on payment will no longer be needed and that the School Based Mental Health Program will have expanded to all remaining DC public schools.

4. Mayor's *errata* letter - Reduce the number of FTEs associated with the FY 2022 – FY 2024 ARPA County funding for Intensive Care Coordination Management of \$1,148,000 per year from 20 to 10. The additional FTEs were included due to a drafting error when submitting the budget.

Financial Plan Changes

5. Redesignate 101.0 vacant FTEs from recurring Local funding to one-time Local funding. Shift the financial plan savings to Department of Health Care Finance's budget Activity 5003.
6. Redesignate the following 46.0 vacant FTEs from recurring local funds to one-time Local funding. Shift the \$4,942,476 in financial plan savings to Department of Health Care Finance's budget Activity 5003.

Program	Activity	Position No	Position Title	FY 2022 Salary	FY2022 Fringe	Salary Lapse \$ Reduction	FY 2022 Total
1800	1050	11542	Administrative Svcs Manager	\$ 115,000.00	\$ 31,510.00	\$ (5,750.00)	\$ 140,760.00
4900	4910	45749	ACCOUNTABILITY ANALYST	\$ 116,145.00	\$ 31,823.73	\$ (5,807.25)	\$ 142,161.48
4900	4940	12403	Investigative Analysis Special	\$ 82,326.00	\$ 22,557.32	\$ (4,116.30)	\$ 100,767.02
5800	5810	99438	Peer Counselor	\$ 45,718.00	\$ 12,526.73	\$ (6,537.67)	\$ 51,707.06
5800	5810	99439	Peer Counselor	\$ 45,718.00	\$ 12,526.73	\$ (6,537.67)	\$ 51,707.06
5800	5810	99444	Comm Behavioral Hlth Spec	\$ 66,542.00	\$ 18,232.51	\$ (9,515.51)	\$ 75,259.00
5800	5810	99445	Comm Behavioral Hlth Spec	\$ 66,542.00	\$ 18,232.51	\$ (9,515.51)	\$ 75,259.00
5800	5841	102418	PSYCHIATRIC NURSE	\$ 83,833.00	\$ 22,970.24	\$ (11,988.12)	\$ 94,815.12
5800	5842	37798	Comm Behavioral Hlth Spec	\$ 66,542.00	\$ 18,232.51	\$ (9,515.51)	\$ 75,259.00
5800	5842	47911	Comm Behavioral Hlth Spec	\$ 66,542.00	\$ 18,232.51	\$ (9,515.51)	\$ 75,259.00
5800	5853	979	Dir, Prev & Early Intervnt Div	\$ 143,646.00	\$ 39,359.00	\$ (17,117.96)	\$ 165,887.05
5800	5880	95034	Clerical Assistant	\$ 45,573.00	\$ 12,487.00	\$ (6,516.94)	\$ 51,543.06
5900	5920	36272	Policy Analyst	\$ 112,111.00	\$ 30,718.41	\$ (5,605.55)	\$ 137,223.86
6900	6911	102405	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102406	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102415	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102416	Early Childhood Intervention Spec	\$ 111,302.00	\$ 30,496.75	\$ (18,921.34)	\$ 122,877.41
6900	6912	99455	Clinical Support Manager (SBHE)	\$ 104,622.00	\$ 28,666.43	\$ (17,785.74)	\$ 115,502.69
6900	6912	99568	Clinical Specialist	\$ 87,440.00	\$ 23,958.56	\$ (14,864.80)	\$ 96,533.76
6900	6921	31652	Home and Comm Based Svcs Coord	\$ 103,981.00	\$ 28,490.79	\$ (17,676.77)	\$ 114,795.02
100F	120F	36881	Accounts Payable Technician	\$ 51,546.58	\$ 14,123.76	\$ (4,123.73)	\$ 61,546.62
1800	1040	24543	Learning and Development Dir	\$ 123,790.74	\$ 33,918.66	\$ (6,189.54)	\$ 151,519.87
1800	1810	83148	Director of Communications	\$ 126,215.00	\$ 34,582.91	\$ (6,310.75)	\$ 154,487.16
1800	1820	20046	Resiliency Specialist	\$ 94,858.00	\$ 25,991.09	\$ (4,742.90)	\$ 116,106.19
1800	1889	25410	Clerical Assistant	\$ 54,201.00	\$ 14,851.07	\$ (2,710.05)	\$ 66,342.02
4900	4940	20093	ACCOUNTABILITY ANALYST	\$ 94,858.00	\$ 25,991.09	\$ (4,742.90)	\$ 116,106.19
5800	5810	31692	Supvy Med Ofcr (Psych-Forensic)	\$ 250,894.00	\$ 68,744.96	\$ (35,877.84)	\$ 283,761.11
5800	5810	99443	Comm Behavioral Hlth Spec	\$ 66,542.00	\$ 18,232.51	\$ (9,515.51)	\$ 75,259.00
5800	5810	102421	SOCIAL WORKER	\$ 82,326.00	\$ 22,557.32	\$ (11,772.62)	\$ 93,110.71
5800	5832	102427	SOCIAL WORKER	\$ 82,326.00	\$ 22,557.32	\$ (11,772.62)	\$ 93,110.71
5800	5832	102428	CLINICAL PSYCHOLOGIST	\$ 82,326.00	\$ 22,557.32	\$ (11,772.62)	\$ 93,110.71
5800	5840	8811	Medical Support Asst (OA)	\$ 50,207.00	\$ 13,756.72	\$ (7,179.60)	\$ 56,784.12
5800	5841	1400	MEDICAL OFFICER (PSYCHIATRY)	\$ 227,775.60	\$ 62,410.51	\$ (32,571.91)	\$ 257,614.20
5800	5841	7748	MEDICAL OFFICER (PSYCHIATRY)	\$ 161,808.60	\$ 44,335.56	\$ (23,138.63)	\$ 183,005.53
5800	5841	20959	Mental Health Counselor	\$ 60,753.88	\$ 16,646.56	\$ (8,687.80)	\$ 68,712.64
5800	5841	47921	Mental Health Counselor	\$ 59,807.00	\$ 16,387.12	\$ (8,552.40)	\$ 67,641.72
5800	5842	2264	Comm Behavioral Hlth Spec	\$ 66,542.00	\$ 18,232.51	\$ (9,515.51)	\$ 75,259.00
5800	5842	47909	CLINICAL SUPERVISOR	\$ 96,187.51	\$ 26,355.38	\$ (13,754.81)	\$ 108,788.07
5800	5880	15724	SOCIAL WORKER	\$ 93,871.11	\$ 25,720.68	\$ (13,423.57)	\$ 106,168.23
5800	5880	16241	Forensic Mental Health Counsel	\$ 55,230.00	\$ 15,133.02	\$ (7,897.89)	\$ 62,465.13
5800	5880	16704	Program Specialist	\$ 95,447.25	\$ 26,152.55	\$ (13,648.96)	\$ 107,950.84
5800	5880	94165	SOCIAL WORKER	\$ 82,326.00	\$ 22,557.32	\$ (11,772.62)	\$ 93,110.71
5800	5880	102419	Forensic Mental Health Coord	\$ 82,326.00	\$ 22,557.32	\$ (11,772.62)	\$ 93,110.71
5900	5911	37522	Reports Developer	\$ 94,858.00	\$ 25,991.09	\$ (4,742.90)	\$ 116,106.19
5900	5911	94832	Policy Analyst	\$ 112,111.00	\$ 30,718.41	\$ (5,605.55)	\$ 137,223.86
5900	5930	82131	Network Development Manager	\$ 117,724.37	\$ 32,256.48	\$ (5,886.22)	\$ 144,094.63
			TOTAL	7,423,677	2,034,088	(837,750)	4,942,476

7. Redesignate the following 55.0 vacant FTEs from recurring local funds to two-time Local funding. Shift the \$5,011,347 financial plan savings to Department of Health Care Finance's budget Activity 5003.

Program	Activity	Position No	Position Title	FY 2022 Salary	FY2022 Fringe	Salary Lapse \$ Reduction	FY 2022 Total
3800	3810	94605	Project Manager (SOR)	\$ 129,411.00	\$ 35,458.61	\$ (8,411.72)	\$ 156,457.90
3800	3820	24284	Lead Customer Service Represen	\$ 55,229.00	\$ 15,132.75	\$ (3,589.88)	\$ 66,771.86
3800	3835	46654	Supvy. Inventory Management Sp	\$ 94,127.00	\$ 25,790.80	\$ (6,118.25)	\$ 113,799.54
3800	3845	10212	PSYCHIATRIC NURSE	\$ 88,965.00	\$ 24,376.41	\$ (5,782.72)	\$ 107,558.69
3800	3845	24673	PSYCHIATRIC NURSE	\$ 95,809.00	\$ 26,251.67	\$ (6,227.58)	\$ 115,833.08
3800	3865	12774	MOTOR VEHICLE OPERATOR	\$ 57,304.00	\$ 15,701.30	\$ (3,724.76)	\$ 69,280.54
3800	3880	8330	Supervisory Creative Arts Ther	\$ 93,776.00	\$ 25,694.62	\$ (6,095.44)	\$ 113,375.18
3800	3880	12527	Clinical Administrator	\$ 97,000.00	\$ 26,578.00	\$ (6,305.00)	\$ 117,273.00
3800	3880	15117	Creative Arts Therapist (Music	\$ 75,103.00	\$ 20,578.22	\$ (4,881.69)	\$ 90,799.53
3800	3880	16490	HOUSEKEEPING AIDE FOREMAN	\$ 47,694.00	\$ 13,068.16	\$ (3,100.11)	\$ 57,662.05
3800	3880	21165	Behavioral Support Technician	\$ 72,956.00	\$ 19,989.94	\$ (4,742.14)	\$ 88,203.80
3800	3880	43373	Clinical Administrator	\$ 101,000.00	\$ 27,674.00	\$ (6,565.00)	\$ 122,109.00
3800	3880	45661	CLINICAL PSYCHOLOGIST	\$ 94,858.00	\$ 25,991.09	\$ (6,165.77)	\$ 114,683.32
6900	6911	102409	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102410	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102411	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102412	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102413	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102414	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6912	39203	SOCIAL WORKER	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6912	97283	School Mental Health Clin Spec	\$ 73,912.47	\$ 20,252.02	\$ (12,565.12)	\$ 81,599.37
6900	6912	97284	School Mental Health Clin Spec	\$ 81,064.44	\$ 22,211.66	\$ (13,780.95)	\$ 89,495.14
6900	6912	97285	School Mental Health Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6912	97286	School Mental Health Clin Spec	\$ 87,376.84	\$ 23,941.25	\$ (14,854.06)	\$ 96,464.03
6900	6912	99567	Clinical Specialist	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6912	102420	MENTAL HLTH SPEC	\$ 66,542.00	\$ 18,232.51	\$ (11,312.14)	\$ 73,462.37
6900	6931	432	Mental Health Specialist (Bili	\$ 55,230.00	\$ 15,133.02	\$ (9,389.10)	\$ 60,973.92
6900	6933	35182	Residential Clinical Coord	\$ 97,668.00	\$ 26,761.03	\$ (16,603.56)	\$ 107,825.47
3800	3810	2596	MEDICAL OFFICER GENERAL PRACTI	\$ 203,024.00	\$ 55,628.58	\$ (13,196.56)	\$ 245,456.02
3800	3815	24852	Climate Control Maint Mechanic	\$ 60,651.00	\$ 16,618.37	\$ (3,942.32)	\$ 73,327.06
3800	3830	12258	HOUSEKEEPING AIDE	\$ 38,022.40	\$ 10,418.14	\$ (2,471.46)	\$ 45,969.08
3800	3830	13456	HOUSEKEEPING AIDE	\$ 49,441.60	\$ 13,547.00	\$ (3,213.70)	\$ 59,774.89
3800	3830	16271	HOUSEKEEPING AIDE	\$ 41,595.59	\$ 11,397.19	\$ (2,703.71)	\$ 50,289.07
3800	3830	25711	HOUSEKEEPING AIDE	\$ 49,441.60	\$ 13,547.00	\$ (3,213.70)	\$ 59,774.89
3800	3830	25757	HOUSEKEEPING AIDE	\$ 38,022.40	\$ 10,418.14	\$ (2,471.46)	\$ 45,969.08
3800	3830	95070	HOUSEKEEPING AIDE	\$ 42,136.88	\$ 11,545.51	\$ (2,738.90)	\$ 50,943.49
3800	3835	25040	MATERIALS HANDLER	\$ 53,989.57	\$ 14,793.14	\$ (3,509.32)	\$ 65,273.39
3800	3845	5396	Behavioral Health Technician	\$ 63,007.00	\$ 17,263.92	\$ (4,095.45)	\$ 76,175.46
3800	3845	7185	Behavioral Health Technician	\$ 52,074.00	\$ 14,268.28	\$ (3,384.81)	\$ 62,957.47
3800	3845	8508	PSYCHIATRIC NURSE	\$ 105,858.48	\$ 29,005.22	\$ (6,880.80)	\$ 127,982.90
3800	3845	10532	Behavioral Health Technician	\$ 47,698.85	\$ 13,069.48	\$ (3,100.43)	\$ 57,667.91
3800	3845	10901	PSYCHIATRIC NURSE	\$ 95,865.12	\$ 26,267.04	\$ (6,231.23)	\$ 115,900.93
3800	3845	15229	Behavioral Health Technician	\$ 64,607.00	\$ 17,702.32	\$ (4,199.45)	\$ 78,109.86
3800	3845	15499	Assistant Chief Nursing Execut	\$ 143,646.00	\$ 39,359.00	\$ (9,336.99)	\$ 173,668.01
3800	3845	15532	Behavioral Health Technician	\$ 49,653.48	\$ 13,605.05	\$ (3,227.48)	\$ 60,031.06
3800	3850	11337	Cook Foreman	\$ 53,560.00	\$ 14,675.44	\$ (3,481.40)	\$ 64,754.04
3800	3850	15130	FOOD SERVICE WORKER	\$ 53,001.40	\$ 14,522.38	\$ (3,445.09)	\$ 64,078.69
3800	3850	15384	Supervisory Dietitian	\$ 87,249.45	\$ 23,906.35	\$ (5,671.21)	\$ 105,484.59
3800	3850	21890	FOOD SERVICE WORKER	\$ 53,196.00	\$ 14,575.70	\$ (3,457.74)	\$ 64,313.96
3800	3850	25821	Dietitian	\$ 105,339.00	\$ 28,862.89	\$ (6,847.03)	\$ 127,354.85
3800	3850	26744	COOK	\$ 51,771.20	\$ 14,185.31	\$ (3,365.13)	\$ 62,591.38
3800	3880	25621	Positive Behavior Support Tech	\$ 71,106.00	\$ 19,483.04	\$ (4,621.89)	\$ 85,967.15
3800	3880	32812	Clinical Psychology Resident	\$ 40,323.00	\$ 11,048.50	\$ (2,621.00)	\$ 48,750.51
3800	3880	45662	CLINICAL PSYCHOLOGIST	\$ 107,022.00	\$ 29,324.03	\$ (6,956.43)	\$ 129,389.60
3800	3880	45664	CLINICAL PSYCHOLOGIST	\$ 122,227.00	\$ 33,490.20	\$ (7,944.75)	\$ 147,772.44
			TOTAL	7,423,677	2,034,088	(837,750)	5,011,347

8. Redesignate \$816,570 in recurring Local funding beginning in FY 2023 from redesignating DBH Activity CSG 41 as two-time Local Funds. Shift the financial plan savings to Department of Health Care Finance's budget Activity 5003.
9. Redesignate \$6,962,465 in recurring Local funding beginning in FY 2024 from redesignating DBH Activity CSG 50 as three-time Local Funds. Shift the financial plan savings to Department of Health Care Finance's budget Activity 5003.

B. The Committee approves the capital budget as proposed by the Mayor.

DEPARTMENT OF HEALTH CARE FINANCE

A. The Committee approves the operating budget with the following changes:

1. Reduce 26.0 vacant FTEs totaling \$1,190,682 in recurring Local Funds, and \$972,784 in recurring Federal Medicaid funds.

Program	Activity	Position No	FTE	Position Title	FY 2022 Salary	FY2022 Fringe	Salary Lapse \$ Reduction	FY 2022 Total
2000	2007	403	0.55	Management Assistant	30,376.50	6,713.21	(18,059.40)	19,030.31
3000	3003	4940	0.55	Data Analyst	56,506.81	12,488.01		68,994.82
6000	6010	5076	0.55	Management Assistant	30,376.50	6,713.21		37,089.71
3000	3003	12919	0.55	Data Analyst	59,338.61	13,113.83		72,452.44
3000	3001	15603	0.55	Policy Analyst	51,089.64	11,290.81		62,380.44
1000	1090	48208	0.55	Special Projects Officer	85,386.40	18,870.40		104,256.80
2000	2002	51080	0.55	Program Manager	79,005.30	17,460.17	(46,970.13)	49,495.35
1000	1090	51402	0.55	Executive Assistant	48,236.65	10,660.30		58,896.95
1000	1040	51409	0.55	Information & Privacy Officer	61,661.05	13,627.09	(64,203.54)	11,084.60
2000	2003	63233	0.55	Management Analyst	50,438.49	11,146.91		61,585.40
3000	3010	63250	0.55	Management Assistant	39,726.23	8,779.50		48,505.73
1000	1090	68315	0.55	Special Projects Officer (Chief of Staff)	57,011.35	12,599.51	(51,948.28)	17,662.58
3000	3003	68329	0.55	Data Analyst	52,171.90	11,529.99	(28,039.95)	35,661.94
1000	1090	82292	0.55	Associate Director (Medicaid F	73,947.80	16,342.46		90,290.26
1000	1060	83205	0.55	Attorney Advisor	85,079.23	18,802.51		103,881.74
1000	1040	85362	0.55	Chief Information Officer	87,667.80	19,374.59	(91,282.64)	15,759.75
6000	6006	88081	0.55	MANAGEMENT ANALYST	52,171.90	11,529.99		63,701.89
2000	2010	88124	0.55	Clinical Care Specialist	67,224.85	14,856.69		82,081.54
3000	3004	90674	0.55	Management Analyst	58,862.10	13,008.52	(31,635.62)	40,235.00
3000	3004	90679	0.55	Program Analyst	33,836.55	7,477.88	(18,185.56)	23,128.87
3000	3004	90680	0.55	Program Analyst	33,836.55	7,477.88	(18,185.56)	23,128.87
2000	2002	97147	0.55	Program Manager	52,171.90	11,529.99	(31,017.17)	32,684.72
1000	1010	10010855	0.55	Student Intern	17,510.35	3,869.79		21,380.14
1000	1090	10010860	0.55	Program Analyst	50,904.70	11,249.94	(46,383.95)	15,770.69
1000	1090	10010861	0.55	Program Analyst	50,904.70	11,249.94	(46,383.95)	15,770.69
1000	1090	10010862	0.55	Program Analyst	50,904.70	11,249.94	(46,383.95)	15,770.69
TOTAL - LOCAL FUNDS					1,416,349	313,013	(538,680)	1,190,682
2000	2003	403	0.45	Management Assistant	24,853.50	5,492.62	(14,727.22)	15,618.90
3000	3003	4940	0.45	Data Analyst	46,232.85	10,217.46		56,450.31
6000	6010	5076	0.45	Management Assistant	24,853.50	5,492.62		30,346.12
3000	3003	12919	0.45	Data Analyst	48,549.77	10,729.50		59,279.27
3000	3001	15603	0.45	Policy Analyst	41,800.61	9,237.93		51,038.55
1000	1090	48208	0.45	Special Projects Officer	69,861.60	15,439.41		85,301.01
2000	2002	51080	0.45	Program Manager	64,640.70	14,285.60	(38,303.58)	40,622.71
1000	1090	51402	0.45	Executive Assistant	39,466.35	8,722.06		48,188.41
1000	1040	51409	0.45	Information & Privacy Officer	50,449.95	11,149.44	(53,204.45)	8,394.94
2000	2003	63233	0.45	Management Analyst	41,267.86	9,120.20		50,388.05
3000	3010	63250	0.45	Management Assistant	32,503.28	7,183.22		39,686.50
1000	1090	68315	0.45	Special Projects Officer (Chief of Staff)	46,645.65	10,308.69	(42,583.40)	14,370.94
3000	3003	68329	0.45	Data Analyst	42,686.10	9,433.63	(22,866.25)	29,253.48
1000	1090	82292	0.45	Associate Director (Medicaid F	60,502.74	13,371.11		73,873.85
1000	1060	83205	0.45	Attorney Advisor	69,610.28	15,383.87		84,994.15
1000	1040	85362	0.45	Chief Information Officer	71,728.20	15,851.93	(75,644.46)	11,935.67
6000	6006	88081	0.45	MANAGEMENT ANALYST	42,686.10	9,433.63		52,119.73
2000	2010	88124	0.45	Clinical Care Specialist	55,002.15	12,155.48		67,157.63
3000	3004	90674	0.45	Management Analyst	48,159.90	10,643.34	(25,798.47)	33,004.76
3000	3004	90679	0.45	Program Analyst	27,684.45	6,118.26	(14,830.11)	18,972.60
3000	3004	90680	0.45	Program Analyst	27,684.45	6,118.26	(14,830.11)	18,972.60
2000	2002	97147	0.45	Program Manager	42,686.10	9,433.63	(25,294.13)	26,825.59
1000	1010	10010855	0.45	Student Intern	14,326.65	3,166.19		17,492.84
1000	1090	10010860	0.45	Program Analyst	41,649.30	9,204.49	(38,022.16)	12,831.63
1000	1090	10010861	0.45	Program Analyst	41,649.30	9,204.49	(38,022.16)	12,831.63
1000	1090	10010862	0.45	Program Analyst	41,649.30	9,204.49	(38,022.16)	12,831.63
TOTAL - FEDERAL MEDICAID FUNDS					1,158,831	256,102	(442,149)	972,784

2. Reduce CSG 50 for Activity 5001 by \$900,884 in FY 2022. Reduce CSG 50 for Activity 5001 by matching Federal Medicaid funds per the actions in the previous bullet. The Office Chief Financial Officer has requested a corresponding Budget Support Act subtitle.
3. Fund DC HealthCare Alliance reforms in D.C. Law 23-251, the "Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020"

Increase CSG 50 for Activity 5003 by \$1,835,661 in FY22, \$12,122,381 in FY23, \$18,945,170 in FY24, and \$25,907,635 in FY25 to account for increased Alliance enrollment. Funding comes from the following sources:

- \$934,777 in recurring Local funding beginning in FY 2022 from DHCF position reductions.
 - \$900,884 in recurring Local funding beginning in FY 2022 from reduction to CSG 50 of Activity 5001. Reduce CSG 50 for Activity 5001 by matching Federal Medicaid funds per the actions in the previous bullet.
 - \$250,000 in recurring Local funding beginning in FY 2023 from redesignating the Thrive by Five Coordinating Council Program for the Mayor’s Maternal Infant Health Summit in DMHHS as one-time Local Funds.
 - \$5,094,244 in recurring Local funding beginning in FY 2023 from redesignating DHCF Activity 5001 as one-time Local Funds. Reduce CSG 50 for Activity 5001 by matching Federal Medicaid funds per the actions in the previous bullet.
 - \$4,942,476 in recurring Local funding beginning in FY 2023 from redesignating 46.0 of DBH’s vacant FTEs as one-time Local Funds.
 - \$5,011,347 in recurring Local funding beginning in FY 2024 from redesignating 55.0 of DBH’s vacant FTEs as two-time Local Funds.
 - \$994,872 in recurring Local funding beginning in FY 2023 from redesignating DHCF Activity 5001 as two-time Local Funds. Reduce CSG 50 for Activity 5001 by matching Federal Medicaid funds per the actions in the previous bullet.
 - \$816,570 in recurring Local funding beginning in FY 2023 from redesignating DBH Activity CSG 41 as two-time Local Funds
 - \$6,962,465 in recurring Local funding beginning in FY 2024 from redesignating DBH Activity CSG 50 as three-time Local Funds
4. Fund D.C. Law 23-132, the “Postpartum Coverage Expansion Amendment Act of 2020”
- Increase Local - \$255,905 in FY 2022, \$271,771 in FY 2023, \$288,349 in FY 2024, and \$305,650 in FY 2025

- Increase Federal - \$435,595 in FY 2022, \$462,602 in FY 2023, \$490,087 in FY 2024, and \$521,827 in FY 2025
 - Funding from elimination of DHCF vacant positions.
5. Receive the shift of the \$500,000 federal payment for the Produce Rx Program from the Department of Health.
 6. Reallocate the Mayor's FY 2022 \$75,000 doula enhancement to fund the FY 2022 cost of the “Maternal Health Resources and Access Act of 2021” Budget Support Act subtitle.
 7. Include Mayor’s *errata* letter changes.
 - (a) Shift \$8,000,000 in FY 2022 local funding for healthcare services for vulnerable residents from Health Care Finance Program (Prog 5000), Alliance Provider Payment (Activity F7000), Hospital Support Services (Service F700), Comp Object 0502 to Health Care Finance Program (Prog 5000), Medicaid Provider Payment (Prog 5001), Hospital Support (Service F192), Comp Object 0506, because the funds will be issued as a grant and not as a provider payment. The funding above was included in the wrong object code due to a drafting error when submitting the budget.
 - (b) Add Federal and Intra-District funding to support DCAS in the following areas in federal grants - Program 300A (DCAS- O&M Vendor contract) \$6,636,082.32, program 300A (Maximus contract) \$2,142,000. Intra-District – Program 300A (DCAS- O&M Vendor contract) \$2,054,025.48 and program 300A (Maximus contract) \$663,000. The funding above was not included due to a drafting error when submitting the budget. This adjustment supports federal and intra district funding participation for the DCAS local enhancement of \$9,594,755.

B. The Committee approves the capital budget as proposed by the Mayor.

HEALTH BENEFIT EXCHANGE AUTHORITY

A. The Committee approves the operating budget with the following changes:

INTER-COMMITTEE TRANSFERS

Operating - Transfers In

- Include:
 - Transferring committee
 - Amount + whether recurring or one-time

- Receiving agency
- Purpose and use

Operating - Transfers Out

- Include:
 - Receiving committee
 - Amount + whether recurring or one-time
 - Purpose and use

II. AGENCY FISCAL YEAR 2022 BUDGET & POLICY RECOMMENDATIONS

A. INTRODUCTION

The Committee on Health 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, Charles Allen, and Christina Henderson.

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

Performance Oversight Hearings

February 21, 2021	<ul style="list-style-type: none"> • Department of Behavioral Health • DC Health Benefit Exchange Authority
March 4, 2021	<ul style="list-style-type: none"> • Department of Health Care Finance (Public Only) • Deputy Mayor for Health and Human Services (Public Only) • Not-for-Profit Hospital Corporation
March 19, 2021	<ul style="list-style-type: none"> • Department of Health • Department of Health Care Finance (Executive Only) • Deputy Mayor for Health and Human Services (Executive Only)

<i>Budget Oversight Hearings</i>	
June 4, 2021	<ul style="list-style-type: none"> • DC Health Benefit Exchange Authority • Department of Behavioral Health
June 7, 2021	<ul style="list-style-type: none"> • Department of Health Care Finance • Deputy Mayor for Health and Human Services • Not-for-Profit Hospital Corporation
June 11, 2021	Department of Health

The Committee received important comments from members of the public during these hearings. Copies of public and executive witness testimony are included in this report as *Attachments B and C*. A video recording of the hearings can be obtained through the Office of Cable Television or at *oct.dc.gov*. The June 7th and June 11th budget oversight hearings can be viewed on the Committee on Health’s youtube page at <https://tinyurl.com/FY22COH>

A. OFFICE OF THE DEPUTY MAYOR FOR HEALTH AND HUMAN SERVICES

1. AGENCY 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 (DC Health)
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 three special initiatives: Age-Friendly DC, the Interagency Council on Homelessness, and Thrive by Five DC.

2. COMMITTEE BUDGET RECOMMENDATIONS

a. Fiscal Year 2022 Operating Budget Recommendations

The Committee approves the operating budget with the following changes:

1. Change the designation of the \$250,000 enhancement in the Thrive by Five Coordinating Council Program for the Mayor's Maternal Infant Health Summit from recurring Local Funds to One-Time Local Funds. Shift the financial plan savings to Department of Health Care Finance's budget Activity 5003.

3. COMMITTEE POLICY RECOMMENDATIONS

1. The Office of the Deputy Mayor for Health and Human Services shall continue move expeditiously to create a new health care system on the East End of the District Columbia, which includes two urgent care center (one in Ward 7 and one in Ward 8), an ambulatory care center, and a new community hospital on the St. Elizabeths campus.

B. DEPARTMENT OF HEALTH

1. AGENCY OVERVIEW

The mission of the Department of Health (DOH) is to promote health, wellness and equity, across the District, and protects the safety of residents, visitors and those doing business in our nation's capital. The agency 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. The agency 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. COMMITTEE BUDGET RECOMMENDATIONS

a. Fiscal Year 2022 Operating Budget Recommendations

The Committee approves the operating budget with the following changes:

1. Reduce 7.0 vacant FTEs totaling \$659,907 in recurring Local Funds.

Program	Activity	Position No	Position Title	FY 2022 Salary	FY2022 Fringe	Salary Lapse \$ Reduction	FY 2022 Total
4515	4515	20807	STAFF ASSISTANT	71,106	15,928	(3,568)	83,465
4515	4515	82112	SANITARIAN BIL	72,168	16,166	(3,622)	84,712
4515	4515	82114	SANITARIAN BIL	72,889	16,327	(3,658)	85,558
4515	4515	87658	Sanitarian	85,557	19,165	(4,294)	100,428
4515	4515	92051	Food Technologist	107,022	23,973	(5,371)	125,624
4515	4515	94753	SANITARIAN BIL	71,122	15,931	(3,569)	83,484
4530	4530	97312	Public Health Analyst	82,326	18,441	(4,131)	96,636
TOTAL				562,189	125,930	(28,213)	659,907

2. Add \$300,000 in recurring Local Funds to the HealthySteps Program.
3. Fund Bill 24-123, the “Certified Midwife Credential Amendment Act of 2021” in the amounts of \$215,923 for FY 2022, \$222,139 for FY 2023, \$228,561 for FY 2024, and \$235,198 for FY 2025.
4. Add \$143,984 in recurring Local Funds to nonpersonal services to continue hiring more school nurses in accordance with D.C. Law 22-61.
5. Shift the \$500,000 federal payment for the Produce Rx Program to the Department of Health Care Finance.
6. Reduce the \$1,941,000 Federal Payment for the Capital Area Food Bank by \$941,000, and reallocate the funding as follows:
 - Add \$250,000 in one-time funding for the Healthy Corner Store Partnership Program, which delivers low-cost produce to corner stores, and provides SNAP matching dollars for produce purchases. This increase in funding will double the number of stores offering SNAP Match produce incentives and support the roll-out of WIC benefits and consumer nutrition education at corner stores.
 - Add \$325,000 in one-time funding to Joyful Food Markets, free pop-up markets at District elementary schools run jointly by CAFB and Martha’s Table. This funding will increase the reach of the program by 21%, allowing it to reach half of all enrolled elementary students in Wards 7 and 8.
 - Add \$231,000 in FY 2022, and \$60,000 in FY 2023 for Produce Plus program, which empowers residents receiving SNAP, WIC, TANF, SSI

Disability, Medicare, and Medicaid to purchase fresh, nutritious foods. This additional funding will address high demand for the program which currently has a waitlist for participants.

- Add \$25,000 in FY 2022, FY 2023, and FY 2024 to maintain FY 2021 funding levels for home-delivered meals for individuals with serious illnesses.

b. Fiscal Year 2022 Capital Budget Recommendations

The Mayor's proposed FY 2022 – FY 2027 capital budget request for the Department of Health is \$1,112,500. This represents the remaining \$ 862,500 capital expenditure needed to complete the animal shelter renovation of its and expansion at its 1201 New York Ave, NE location to be spent in FY22. The proposed budget also includes \$250,000 planned for FY23 for Food Safety and Hygiene Inspection Services.

The Committee recommends adoption of the Mayor's proposed FY 2022 – FY 2027 capital budget.

3. COMMITTEE POLICY RECOMMENDATIONS

The following policy recommendations consider the broad range of work the Department has done throughout the COVID-19 public health emergency and what must be done to ensure that current medically underserved communities are provided the resources to improve health outcomes so they are as healthy as residents in other parts of the District:

1. Responding to a public health crisis of this magnitude requires a coordinated effort between government agencies and Council. The Committee urges the Executive and Department to communicate with Council ahead of public initiative announcements or changes in policy to ensure its successful implementation and avoid confusion from the public.
2. The Committee supports the continued efforts by the Department to digitize the application and review process for SPDA. The Committee is encouraged by the work Director Terri Thompson has done to date to continue technology upgrades to SHPDA and efforts to review its regulations. The Committee is concerned that there may be instances where a review by SHPDA can prohibit or significantly delay necessary health services from getting to populations that are medically underserved. The Committee will continue dialogue with the Department to ensure that SPDA's mission and review process is not a barrier for the timely delivery of health care services.

3. Recent data from the Department's website, coronavirus.com, indicate a higher percentage of residents with COVID-19 in wards 7 and 8 coupled with low vaccination rates in those wards. The Committee supports efforts to incentivize COVID vaccinations and to engage with peer leaders to encourage vaccinations among African American communities. The Committee urges the Department to continue to engage in deep outreach to encourage vaccination rates to mirror the vaccination rates of the other wards. The Committee also encourages the Department to make vaccination sites, particularly in the East End, consistent, well-advertised, easily identified as a vaccination site, and easily accessible so that when residents are ready to be vaccinated they know exactly where to go and there are no barriers to access.
4. Currently, COVID-19 vaccines are only available to those age 12 and up. To decrease likelihood of community spread of COVID-19 and its more dangerous variant strains, the Committee encourages on site vaccinations for the entire family to be conducted at school sites before and in the first months of the beginning of the school year with the coordination of healthcare providers to update regularly scheduled vaccines for children and those eligible for COVID-19 vaccine. The Committee also recommends making public the vaccination rate for each school for both student and staff populations of regularly scheduled vaccines as well as vaccines for COVID-19. Further, the Committee is again recommending the Department convene a working group of school leaders, community health centers and parents for strategies to increase the percentage of school age children who are vaccinated.
5. As more families, particularly women return to in person work, they will need the supports that existed before COVID such as affordable high-quality early child centers. Women have particularly been affected by the need to work from home and the economic decline due to slowing the spread of COVID-19. While the Committee works with the other committees to fully implement B22-203, the "Birth-to-Three for All DC Act of 2018", the Committee urges the Department to act swiftly to implement in person or virtual home visiting programs and other support programs to assist families will need in the efforts to fully reopen the District's economy and return children to in person classes.
6. To continue to bring necessary resources to families, the Committee supports the Department's efforts to improve DCAS upgrade including those that would integrate WIC benefits and make it easier to identify eligible WIC beneficiaries, and use universal applications for more seamless enrollment. The Committee finds that having universal application process and allowing beneficiaries to access their benefits through an electronic card is more useful to residents seeking to access funds and will help fully leverage available federal funding.

7. The Committee supports the prioritization of COVID vaccinations for healthcare workers and staff recognizing they provide critical care to those who are or might be infected with COVID-19 and a vital role in the health and welfare of patients. The Committee urges the Department publish on its coronavirus.com site the vaccination rates of hospitals, clinics, and health care offices of relevant staff. The Committee also urges the Department to make the COVID vaccination status of home health aides make so that families may make informed decisions regarding exposure in their selection of a facility or home health aide.
8. Racial bias in healthcare has had an impact on the care for African Americans. The Committee is encouraged by the Department's actions to address racial bias to improve the delivery of health services. A healthcare workforce more aware of their racial bias its effect on care the delivery of quality of care is vital to improving healthcare experiences for African Americans and hopefully lead to more African Americans seeking care and improved health outcomes. The Committee urges the Department to coordinate with the Medical Society of the District of Columbia, the District of Columbia Hospital Association and other health organizations to incorporate additional measures on racial bias training.
9. Because of the threat of COVID-19, thousands of District residents are seeing a health care professional for the first time ever or in a long time to get vaccinated. A massive healthcare effort to reach low information persons for COVID vaccinations should also be an opportunity to improve health outcomes by connecting people to wellness checks and assistance in selecting a primary care physician. The Committee recommends the Department work with health insurance companies, vaccination providers and healthcare providers to assist residents in selecting a primary care physician and encourage regular health care visits and wellness checks.
10. The Committee commends the Department on the work it has done to with long-term care providers to ensure that they had testing supplies for staff and patients. The Committee recommends the District continue testing unvaccinated staff on a weekly if the vaccination rate for the staff and residents of the long-term care facility is below 80%. The Committee is pleased that District hospitals are requiring staff to be vaccinated unless they have a medical or religious exemption, long-term care providers do not have the same leverage to require staff be vaccinated because they can easily work in nearby jurisdictions which do not require vaccination or easily finding other work.
11. The Committee is encouraged by the level of investment in community health programs particularly the Howard University Hospital. This offers a unique opportunity to provide care to people in medically underserved communities. The Committee looks forward to the development of this program and recommends that

both the Department and Howard University Hospital communicate progress on implementation and health outcomes to the Committee.

12. During the height of the pandemic, the committee recognize that a greater number of District residents grappled with food insecurity. As the local economy begins to recover, the Committee finds that it is unlikely that the need for food banks to continue at the same level throughout FY22. Further, the Committee finds that federal funding to address hunger may be better spent by placing funds back into the community through programs that either encourage spending in local stores like Healthy Corners and will provide more chose for resident clients through programs like Produce Plus and Joyful Markets. The Committee encourages more focus be put to programs that promote local spending and for clients to shop for their own foods. For these reasons, the Committee recommends that some of the federal funds allocated to Capital Area Food Bank be used to promote local stores selling healthy foods at affordable prices and with other food programs.
13. The Committee recommends that the award of \$400,000.00 to establish a system for integrating information for clinicians on first prenatal visits should be directly awarded to a District based organization that is also a Certified Business Enterprise (“CBE”). In 2019, the public and private sectors came together in order to plan an improvement in the way that we deliver care in the District. A big piece of the healthcare puzzle in DC is maternal and infant care. To that end, the Mayor’s Commission on healthcare agreed that funding should be applied to help create a system of care for pregnant and new mothers that would put patient at the center of the health care system. This recommendation requires that funding to actually go to District organizations. The Committee is concerned that the District frequently awards taxpayer dollars to organizations outside of the District when there are many capable organizations already doing the work here. The Committee would like the Depart to break this habit by making ensuring District organizations are part of the solution to help District residents as local providers are most familiar with the agencies, the culture, and District residents.
14. The Committee has been committed to ensuring there are increased supports to care for residents with dementia. Previously, the Committee funded a Dementia Coordinator position with the Department as well as B23-325, the “Direct Training for Dementia Care Workers Support Amendment Act of 2020”. The Committee strongly recommends that the Dementia Resources Guide funded by the Committee in earlier budgets be included in the Department’s new Healthy Brain website that is under development as a searchable document to make it easy to use it and the cited resources in the Guide.
15. There is a critical shortage of licensed healthcare workers in the District. To help close the gap, the Department has allowed heath care professionals licensed in other

jurisdictions to practice here because of the heightened health care needs during this public health emergency. Currently the District is implementing its Interstate Medical Licensure Compact which would allow professionals licensed in compact states to apply for District license by submitting documents through a portal. Maryland is not a part of this Compact. The Committee notes that the District has successfully shared licensed professionals with Maryland and Virginia throughout the public health emergency. The Committee urges the Department to continue to allow licensed professionals to practice in the District without applying for a license in certain circumstances as they have done throughout the public health emergency to avoid falling back into a critical need for licensed health workers immediately after the public health emergency ends.

C. DEPARTMENT OF BEHAVIORAL HEALTH

1. AGENCY 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 5 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;
- **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;
- **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. COMMITTEE BUDGET RECOMMENDATIONS

a. Fiscal Year 2022 Operating Budget Recommendations

The Committee approves the operating budget with the following changes:

1. Reduce 3.0 vacant FTEs totaling \$416,134 in recurring Local Funds.

<u>Program</u>	<u>Activity</u>	<u>Position No</u>	<u>Position Title</u>	<u>FY 2022 Salary</u>	<u>FY2022 Fringe</u>	<u>Salary Lapse \$ Reduction</u>	<u>FY 2022 Total</u>
1800	1050	12686	Program Coordinator	\$ 82,326.00	\$ 22,557.32	\$ (4,116.30)	\$ 100,767.02
1800	1889	1611	Senior Policy Advisor	\$ 169,950.00	\$ 46,566.30	\$ (8,497.50)	\$ 208,018.80
5900	5920	76918	Program and Policy Coordinator	\$ 87,703.00	\$ 24,030.62	\$ (4,385.15)	\$ 107,348.47
TOTAL				339,979	93,154	(16,999)	416,134

2. Increase funding for the Healthy Futures Program by \$416,134.
3. Reallocate the use of \$1,872,800 within the \$5,837,722 enhancement to the School Based Mental Health Program expansion. In FY 2021, providers received a one-

time \$10,000 add-on payment to remain financially stable during the COVID-19 pandemic. The total cost of this add-on was \$1.5 million in FY 2021. Continuing this add-on for Fiscal Year 2022 at the \$10,000 level would cost \$2,341,000, which includes the \$1.5 million for existing schools and \$841,000 for new schools. The Committee believe some level of add-on funding will be needed in FY 2022 on a one-time basis to continue to keep providers stable. However, an \$8,000 add-on payment should be sufficient in FY 2022 with students returning to in-person education and COVID-19 rates declining significantly. The \$1,872,800 is derived from multiplying \$2,341,000 by 0.8. This funding is available in Fiscal Year 2022, because it is not realistically feasible to expect that the program will be fully effectuated by October 1, 2021. However, the Committee directs that when school begins for the 2022-2023 school year that the add-on payment will no longer be needed and that the School Based Mental Health Program will have expanded to all remaining DC public schools.

4. Mayor's *errata* letter - Reduce the number of FTEs associated with the FY 2022 – FY 2024 ARPA County funding for Intensive Care Coordination Management of \$1,148,000 per year from 20 to 10. The additional FTEs were included due to a drafting error when submitting the budget.

Financial Plan Changes

5. Redesignate 101.0 vacant FTEs from recurring Local funding to one-time Local funding. Shift the financial plan savings to Department of Health Care Finance's budget Activity 5003.
6. Redesignate the following 46.0 vacant FTEs from recurring local funds to one-time Local funding. Shift the \$4,942,476 in financial plan savings to Department of Health Care Finance's budget Activity 5003.

Program	Activity	Position No	Position Title	FY 2022 Salary	FY2022 Fringe	Salary Lapse \$ Reduction	FY 2022 Total
1800	1050	11542	Administrative Svcs Manager	\$ 115,000.00	\$ 31,510.00	\$ (5,750.00)	\$ 140,760.00
4900	4910	45749	ACCOUNTABILITY ANALYST	\$ 116,145.00	\$ 31,823.73	\$ (5,807.25)	\$ 142,161.48
4900	4940	12403	Investigative Analysis Special	\$ 82,326.00	\$ 22,557.32	\$ (4,116.30)	\$ 100,767.02
5800	5810	99438	Peer Counselor	\$ 45,718.00	\$ 12,526.73	\$ (6,537.67)	\$ 51,707.06
5800	5810	99439	Peer Counselor	\$ 45,718.00	\$ 12,526.73	\$ (6,537.67)	\$ 51,707.06
5800	5810	99444	Comm Behavioral Hlth Spec	\$ 66,542.00	\$ 18,232.51	\$ (9,515.51)	\$ 75,259.00
5800	5810	99445	Comm Behavioral Hlth Spec	\$ 66,542.00	\$ 18,232.51	\$ (9,515.51)	\$ 75,259.00
5800	5841	102418	PSYCHIATRIC NURSE	\$ 83,833.00	\$ 22,970.24	\$ (11,988.12)	\$ 94,815.12
5800	5842	37798	Comm Behavioral Hlth Spec	\$ 66,542.00	\$ 18,232.51	\$ (9,515.51)	\$ 75,259.00
5800	5842	47911	Comm Behavioral Hlth Spec	\$ 66,542.00	\$ 18,232.51	\$ (9,515.51)	\$ 75,259.00
5800	5853	979	Dir, Prev & Early Intervnt Div	\$ 143,646.00	\$ 39,359.00	\$ (17,117.96)	\$ 165,887.05
5800	5880	95034	Clerical Assistant	\$ 45,573.00	\$ 12,487.00	\$ (6,516.94)	\$ 51,543.06
5900	5920	36272	Policy Analyst	\$ 112,111.00	\$ 30,718.41	\$ (5,605.55)	\$ 137,223.86
6900	6911	102405	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102406	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102415	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102416	Early Childhood Intervention Spec	\$ 111,302.00	\$ 30,496.75	\$ (18,921.34)	\$ 122,877.41
6900	6912	99455	Clinical Support Manager (SBHE)	\$ 104,622.00	\$ 28,666.43	\$ (17,785.74)	\$ 115,502.69
6900	6912	99568	Clinical Specialist	\$ 87,440.00	\$ 23,958.56	\$ (14,864.80)	\$ 96,533.76
6900	6921	31652	Home and Comm Based Svcs Coord	\$ 103,981.00	\$ 28,490.79	\$ (17,676.77)	\$ 114,795.02
100F	120F	36881	Accounts Payable Technician	\$ 51,546.58	\$ 14,123.76	\$ (4,123.73)	\$ 61,546.62
1800	1040	24543	Learning and Development Dir	\$ 123,790.74	\$ 33,918.66	\$ (6,189.54)	\$ 151,519.87
1800	1810	83148	Director of Communications	\$ 126,215.00	\$ 34,582.91	\$ (6,310.75)	\$ 154,487.16
1800	1820	20046	Resiliency Specialist	\$ 94,858.00	\$ 25,991.09	\$ (4,742.90)	\$ 116,106.19
1800	1889	25410	Clerical Assistant	\$ 54,201.00	\$ 14,851.07	\$ (2,710.05)	\$ 66,342.02
4900	4940	20093	ACCOUNTABILITY ANALYST	\$ 94,858.00	\$ 25,991.09	\$ (4,742.90)	\$ 116,106.19
5800	5810	31692	Supvy Med Ofcr (Psych-Forensic)	\$ 250,894.00	\$ 68,744.96	\$ (35,877.84)	\$ 283,761.11
5800	5810	99443	Comm Behavioral Hlth Spec	\$ 66,542.00	\$ 18,232.51	\$ (9,515.51)	\$ 75,259.00
5800	5810	102421	SOCIAL WORKER	\$ 82,326.00	\$ 22,557.32	\$ (11,772.62)	\$ 93,110.71
5800	5832	102427	SOCIAL WORKER	\$ 82,326.00	\$ 22,557.32	\$ (11,772.62)	\$ 93,110.71
5800	5832	102428	CLINICAL PSYCHOLOGIST	\$ 82,326.00	\$ 22,557.32	\$ (11,772.62)	\$ 93,110.71
5800	5840	8811	Medical Support Asst (OA)	\$ 50,207.00	\$ 13,756.72	\$ (7,179.60)	\$ 56,784.12
5800	5841	1400	MEDICAL OFFICER (PSYCHIATRY)	\$ 227,775.60	\$ 62,410.51	\$ (32,571.91)	\$ 257,614.20
5800	5841	7748	MEDICAL OFFICER (PSYCHIATRY)	\$ 161,808.60	\$ 44,335.56	\$ (23,138.63)	\$ 183,005.53
5800	5841	20959	Mental Health Counselor	\$ 60,753.88	\$ 16,646.56	\$ (8,687.80)	\$ 68,712.64
5800	5841	47921	Mental Health Counselor	\$ 59,807.00	\$ 16,387.12	\$ (8,552.40)	\$ 67,641.72
5800	5842	2264	Comm Behavioral Hlth Spec	\$ 66,542.00	\$ 18,232.51	\$ (9,515.51)	\$ 75,259.00
5800	5842	47909	CLINICAL SUPERVISOR	\$ 96,187.51	\$ 26,355.38	\$ (13,754.81)	\$ 108,788.07
5800	5880	15724	SOCIAL WORKER	\$ 93,871.11	\$ 25,720.68	\$ (13,423.57)	\$ 106,168.23
5800	5880	16241	Forensic Mental Health Counsel	\$ 55,230.00	\$ 15,133.02	\$ (7,897.89)	\$ 62,465.13
5800	5880	16704	Program Specialist	\$ 95,447.25	\$ 26,152.55	\$ (13,648.96)	\$ 107,950.84
5800	5880	94165	SOCIAL WORKER	\$ 82,326.00	\$ 22,557.32	\$ (11,772.62)	\$ 93,110.71
5800	5880	102419	Forensic Mental Health Coord	\$ 82,326.00	\$ 22,557.32	\$ (11,772.62)	\$ 93,110.71
5900	5911	37522	Reports Developer	\$ 94,858.00	\$ 25,991.09	\$ (4,742.90)	\$ 116,106.19
5900	5911	94832	Policy Analyst	\$ 112,111.00	\$ 30,718.41	\$ (5,605.55)	\$ 137,223.86
5900	5930	82131	Network Development Manager	\$ 117,724.37	\$ 32,256.48	\$ (5,886.22)	\$ 144,094.63
			TOTAL	7,423,677	2,034,088	(837,750)	4,942,476

7. Redesignate the following 55.0 vacant FTEs from recurring local funds to two-time Local funding. Shift the \$5,011,347 financial plan savings to Department of Health Care Finance's budget Activity 5003.

Program	Activity	Position No	Position Title	FY 2022 Salary	FY2022 Fringe	Salary Lapse \$ Reduction	FY 2022 Total
3800	3810	94605	Project Manager (SOR)	\$ 129,411.00	\$ 35,458.61	\$ (8,411.72)	\$ 156,457.90
3800	3820	24284	Lead Customer Service Represen	\$ 55,229.00	\$ 15,132.75	\$ (3,589.88)	\$ 66,771.86
3800	3835	46654	Supvy. Inventory Management Sp	\$ 94,127.00	\$ 25,790.80	\$ (6,118.25)	\$ 113,799.54
3800	3845	10212	PSYCHIATRIC NURSE	\$ 88,965.00	\$ 24,376.41	\$ (5,782.72)	\$ 107,558.69
3800	3845	24673	PSYCHIATRIC NURSE	\$ 95,809.00	\$ 26,251.67	\$ (6,227.58)	\$ 115,833.08
3800	3865	12774	MOTOR VEHICLE OPERATOR	\$ 57,304.00	\$ 15,701.30	\$ (3,724.76)	\$ 69,280.54
3800	3880	8330	Supervisory Creative Arts Ther	\$ 93,776.00	\$ 25,694.62	\$ (6,095.44)	\$ 113,375.18
3800	3880	12527	Clinical Administrator	\$ 97,000.00	\$ 26,578.00	\$ (6,305.00)	\$ 117,273.00
3800	3880	15117	Creative Arts Therapist (Music	\$ 75,103.00	\$ 20,578.22	\$ (4,881.69)	\$ 90,799.53
3800	3880	16490	HOUSEKEEPING AIDE FOREMAN	\$ 47,694.00	\$ 13,068.16	\$ (3,100.11)	\$ 57,662.05
3800	3880	21165	Behavioral Support Technician	\$ 72,956.00	\$ 19,989.94	\$ (4,742.14)	\$ 88,203.80
3800	3880	43373	Clinical Administrator	\$ 101,000.00	\$ 27,674.00	\$ (6,565.00)	\$ 122,109.00
3800	3880	45661	CLINICAL PSYCHOLOGIST	\$ 94,858.00	\$ 25,991.09	\$ (6,165.77)	\$ 114,683.32
6900	6911	102409	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102410	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102411	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102412	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102413	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6911	102414	Early Childhood Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6912	39203	SOCIAL WORKER	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6912	97283	School Mental Health Clin Spec	\$ 73,912.47	\$ 20,252.02	\$ (12,565.12)	\$ 81,599.37
6900	6912	97284	School Mental Health Clin Spec	\$ 81,064.44	\$ 22,211.66	\$ (13,780.95)	\$ 89,495.14
6900	6912	97285	School Mental Health Clin Spec	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6912	97286	School Mental Health Clin Spec	\$ 87,376.84	\$ 23,941.25	\$ (14,854.06)	\$ 96,464.03
6900	6912	99567	Clinical Specialist	\$ 82,326.00	\$ 22,557.32	\$ (13,995.42)	\$ 90,887.90
6900	6912	102420	MENTAL HLTH SPEC	\$ 66,542.00	\$ 18,232.51	\$ (11,312.14)	\$ 73,462.37
6900	6931	432	Mental Health Specialist (Bili	\$ 55,230.00	\$ 15,133.02	\$ (9,389.10)	\$ 60,973.92
6900	6933	35182	Residential Clinical Coord	\$ 97,668.00	\$ 26,761.03	\$ (16,603.56)	\$ 107,825.47
3800	3810	2596	MEDICAL OFFICER GENERAL PRACTI	\$ 203,024.00	\$ 55,628.58	\$ (13,196.56)	\$ 245,456.02
3800	3815	24852	Climate Control Maint Mechanic	\$ 60,651.00	\$ 16,618.37	\$ (3,942.32)	\$ 73,327.06
3800	3830	12258	HOUSEKEEPING AIDE	\$ 38,022.40	\$ 10,418.14	\$ (2,471.46)	\$ 45,969.08
3800	3830	13456	HOUSEKEEPING AIDE	\$ 49,441.60	\$ 13,547.00	\$ (3,213.70)	\$ 59,774.89
3800	3830	16271	HOUSEKEEPING AIDE	\$ 41,595.59	\$ 11,397.19	\$ (2,703.71)	\$ 50,289.07
3800	3830	25711	HOUSEKEEPING AIDE	\$ 49,441.60	\$ 13,547.00	\$ (3,213.70)	\$ 59,774.89
3800	3830	25757	HOUSEKEEPING AIDE	\$ 38,022.40	\$ 10,418.14	\$ (2,471.46)	\$ 45,969.08
3800	3830	95070	HOUSEKEEPING AIDE	\$ 42,136.88	\$ 11,545.51	\$ (2,738.90)	\$ 50,943.49
3800	3835	25040	MATERIALS HANDLER	\$ 53,989.57	\$ 14,793.14	\$ (3,509.32)	\$ 65,273.39
3800	3845	5396	Behavioral Health Technician	\$ 63,007.00	\$ 17,263.92	\$ (4,095.45)	\$ 76,175.46
3800	3845	7185	Behavioral Health Technician	\$ 52,074.00	\$ 14,268.28	\$ (3,384.81)	\$ 62,957.47
3800	3845	8508	PSYCHIATRIC NURSE	\$ 105,858.48	\$ 29,005.22	\$ (6,880.80)	\$ 127,982.90
3800	3845	10532	Behavioral Health Technician	\$ 47,698.85	\$ 13,069.48	\$ (3,100.43)	\$ 57,667.91
3800	3845	10901	PSYCHIATRIC NURSE	\$ 95,865.12	\$ 26,267.04	\$ (6,231.23)	\$ 115,900.93
3800	3845	15229	Behavioral Health Technician	\$ 64,607.00	\$ 17,702.32	\$ (4,199.45)	\$ 78,109.86
3800	3845	15499	Assistant Chief Nursing Execut	\$ 143,646.00	\$ 39,359.00	\$ (9,336.99)	\$ 173,668.01
3800	3845	15532	Behavioral Health Technician	\$ 49,653.48	\$ 13,605.05	\$ (3,227.48)	\$ 60,031.06
3800	3850	11337	Cook Foreman	\$ 53,560.00	\$ 14,675.44	\$ (3,481.40)	\$ 64,754.04
3800	3850	15130	FOOD SERVICE WORKER	\$ 53,001.40	\$ 14,522.38	\$ (3,445.09)	\$ 64,078.69
3800	3850	15384	Supervisory Dietitian	\$ 87,249.45	\$ 23,906.35	\$ (5,671.21)	\$ 105,484.59
3800	3850	21890	FOOD SERVICE WORKER	\$ 53,196.00	\$ 14,575.70	\$ (3,457.74)	\$ 64,313.96
3800	3850	25821	Dietitian	\$ 105,339.00	\$ 28,862.89	\$ (6,847.03)	\$ 127,354.85
3800	3850	26744	COOK	\$ 51,771.20	\$ 14,185.31	\$ (3,365.13)	\$ 62,591.38
3800	3880	25621	Positive Behavior Support Tech	\$ 71,106.00	\$ 19,483.04	\$ (4,621.89)	\$ 85,967.15
3800	3880	32812	Clinical Psychology Resident	\$ 40,323.00	\$ 11,048.50	\$ (2,621.00)	\$ 48,750.51
3800	3880	45662	CLINICAL PSYCHOLOGIST	\$ 107,022.00	\$ 29,324.03	\$ (6,956.43)	\$ 129,389.60
3800	3880	45664	CLINICAL PSYCHOLOGIST	\$ 122,227.00	\$ 33,490.20	\$ (7,944.75)	\$ 147,772.44
			TOTAL	7,423,677	2,034,088	(837,750)	5,011,347

8. Redesignate \$816,570 in recurring Local funding beginning in FY 2023 from redesignating DBH Activity CSG 41 as two-time Local Funds. Shift the financial plan savings to Department of Health Care Finance's budget Activity 5003.
9. Redesignate \$6,962,465 in recurring Local funding beginning in FY 2024 from redesignating DBH Activity CSG 50 as three-time Local Funds. Shift the financial plan savings to Department of Health Care Finance's budget Activity 5003.

b. Fiscal Year 2022 Capital Budget Recommendations

The Committee recommends adoption of the Mayor's proposed FY 2022 – FY 2027 capital budget.

3. COMMITTEE POLICY RECOMMENDATIONS

Since a change in leadership in 2019, the Department of Behavioral Health has made great progress over the last several years in addressing substance abuse disorder, expanding school-based mental health services, increasing access to early childhood consultation, and strengthening psychiatric services in the District; however, its seen an equal amount of challenges. Over the last two years, the Committee on Health has held a number of public oversight hearings with the agency, tasked with examining and learning from such issues as:

- Behavioral health issues that impact residents in wards 7 and 8 of the District;
- The State Opioid Response (SOR) grant and District Opioid Targeted Strategy (DOTS) grant spending and results;
- A progress report on Live.Long.DC
- Continued investment in school-based mental health services;
- Community support and emergency psychiatric services;
- Water infrastructure at St. Elizabeths Hospital;
- The release and monitoring of St. Elizabeths Hospital outpatients;
- The continued use of restraint and seclusion at St. Elizabeths; and
- How the District is addressing the mental and emotional dimensions of COVID-19.

DBH's FY22 proposed budget totals a little over \$354 million, which represents a 15% increase from the FY21 approved budget. Next year's budget makes great progress with many significant investments; however, the department must make reducing opioid deaths a top priority, particularly as we combat the scourge of fentanyl in the District's illegal drug supply. According to city data, fatal opioid overdoses increased 46% in the District in 2020, despite a pledge by the city, by way of the Live.Long.DC plan, to cut deaths in half. It is the Committee's hope that with

continued investments in SUD treatment services, coupled with the implementation of public policy by way of the Council, the District can begin to see the reversal of opioid related deaths.

An additional area the Committee prioritized in DBH's budget is its continued investment in school-based mental health. Over the last year, District children have experienced a once-in-century-pandemic that have left many traumatized, and the struggles children experienced with virtual learning have also left many with learning loss that has widened an already problematic achievement gap in the city. There must be an effective and robust school-based mental health program if District children are going to be able to effectively reacclimate to the schedule and rigors of full-time in-person learning this fall. The committee was pleased to see an increase of \$5.838 million to this important program, which is nearly all of the \$6.4 million requested of the mayor.

The Committee was also pleased to see enhancements to the agency's community residence program, as well as a \$2.6 million investment in the home voucher program, Home First, which will undoubtedly benefit vulnerable District residents who are seeking safe and stable housing. Additionally, the Committee supports the establishment and support of a new sobering and stabilization center.

Finally, the Committee was pleased to see a budget enhancement supporting a recommendation from the Police Reform Commission in the form of increased investments in emergency psychiatric services and MPD crisis response training. This exhibits a continued effort to divert those experiencing substance abuse disorder or mental trauma from committing harm or entering the criminal justice system. In addition to its budget recommendations, the committee proposes the following policy recommendations so that the Department of Behavioral Health can remain in-line with its mission and improve outcomes:

1. Continue to equip all police officers and EMS workers with naloxone in high overdose areas of city
2. Utilize Medicaid billable Housing Support Services (HSS) to improve the housing assistance that providers are able to offer to DBH consumers and other DC Medicaid beneficiaries, including those seeking to transition out of psychiatric facilities, nursing facilities, correctional facilities, residential facilities, and other institutions into community housing.
3. Continue expanding mental health crisis intervention, as part of the District's comprehensive approach to police reform, that steers people individuals acute and chronic behavioral health issues away from the criminal legal system
4. Develop an evidence-based and cost-effective program to help individuals diagnosed with Hoarding Disorder (HD)

5. Continue implementation of the 1115 waiver
6. Continue to address emotional and mental dimensions during and post COVID-19 pandemic and ensure access and quality care through increased telehealth services
7. Provide the Committee on Health with an up-to-date analysis of water safety at Saint Elizabeths Hospital.
8. Continue to develop evidence-based strategies around combating fentanyl and reversing the District opioid fatality rate.
9. Develop a system whereby DBH's licensure team monitors and oversees the transition of individuals into Community Residential Facilities to ensure that residents are receiving necessary services well into their move.
10. Work with the Department of Health Care Finance to include Traumatic Brain Injury (TBI) services in the upcoming rate study and make any necessary rulemaking.
11. Continue to develop strategies that help to increase the number of licensed mental health professionals in the workforce - for example, expediting the review and approval process for professional licensing board applications.
12. Develop a strategic plan to incentivize students choosing behavioral health specialties through scholarships, behavioral health residency, and/or loan forgiveness programs. This plan should identify incentives to retain providers in provider shortage areas and identify challenges and solutions for providers to practice in provider shortage areas in the District.
13. The Committee on Health supports accurate identification of behavioral health practices and providers. To identify these providers, improve access to behavioral healthcare, and address the shortage of behavioral health providers the Committee recommends that the Department of Behavioral Health partner with the Department of Health to require licensing boards of behavioral health provider specialties to publicly report their licensed and practicing behavioral health providers in a streamlined and timely manner.
14. Direct DCPS and the DC Public Charter Board to create and publicly share an annual mental health & wellness plan that includes goals and targets overall and by school and a timeline for delivery.

15. Create a virtual wellness center for DCPS and Charter High Schools, where DCPS and charter students and teachers can find mental health supports, services, and resources.
16. Provide the committee with a timeline of the District’s newly anticipated Sobering and Stabilization Center
17. By December 1, 2021, submit a report to the Committee on Health on the crisis response team emergency dispatch pilot project. Include relevant data points such as the number of calls received, number of calls responded to, number of residents assisted, statistics for categories of responses (e.g. mental health crisis, drug overdose, etc.). Also include an analysis of the progress of the program, the ability to scale up District-wide, and any challenges or complaints received by residents served.

D. DEPARTMENT OF HEALTH CARE FINANCE

1. AGENCY 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/EPSDT, CHIP, and the Immigrant Children’s Program;
- **Division of Quality and Health Outcomes** – continuously improves the quality (safe, effective, patient-centered, timely, efficient, and equitable services) of health care delivered by programs administered by DHCF; and ensures that quality and performance improvement principles and practices pervade all the components and activities that impact the delivery and outcomes of health care services to patients served by the District’s Medicaid, CHIP, and Alliance programs;
- **Division of Clinicians, Pharmacy and Acute Provider Services** – develops, implements, and oversees the programming for primary and specialty providers, hospitals, and other acute and preventive care services; and manages the non-emergency transportation contract; and
- **Health Care Delivery Management Support Services** – provides administrative support functions to the Health Care Delivery Management division.

Long-Term Care Administration (LTCA) – provides oversight and monitoring of programs targeted to the elderly, persons with physical disabilities, and persons with intellectual and developmental disabilities. Through program development and day-to-day operations, the LTCA also ensures access to needed cost-effective, high-quality extended and long-term care services for Medicaid beneficiaries residing in home and community-based or institutional settings. The office also provides contract management of the long-term care supports and services contract. This division contains the following 4 activities:

- **Long-Term Care Support Services** – provides administrative support functions to the Long-Term Care division;
- **Oversight** – provides quality assurance (including compliance with six Centers for Medicare and Medicaid Services (CMS) assurances) and outcomes, oversight and audits/site visits, and corrective action plans;
- **Operations** – provides day-to-day operations to ensure service delivery for both providers and beneficiaries; issue resolutions, ensuring timeliness of prior authorizations; training and technical assistance to providers; provider readiness; and compliant triage and resolution; and

- **Intake and Assessment** – oversees nurse unit responsible for access to 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. COMMITTEE BUDGET RECOMMENDATIONS

a. Fiscal Year 2022 Operating Budget Recommendations

The Committee approves the operating budget with the following changes:

1. Reduce 26.0 vacant FTEs totaling \$1,190,682 in recurring Local Funds, and \$972,784 in recurring Federal Medicaid funds.

Program	Activity	Position No	FTE	Position Title	FY 2022 Salary	FY2022 Fringe	Salary Lapse \$ Reduction	FY 2022 Total
2000	2007	403	0.55	Management Assistant	30,376.50	6,713.21	(18,059.40)	19,030.31
3000	3003	4940	0.55	Data Analyst	56,506.81	12,488.01		68,994.82
6000	6010	5076	0.55	Management Assistant	30,376.50	6,713.21		37,089.71
3000	3003	12919	0.55	Data Analyst	59,338.61	13,113.83		72,452.44
3000	3001	15603	0.55	Policy Analyst	51,089.64	11,290.81		62,380.44
1000	1090	48208	0.55	Special Projects Officer	85,386.40	18,870.40		104,256.80
2000	2002	51080	0.55	Program Manager	79,005.30	17,460.17	(46,970.13)	49,495.35
1000	1090	51402	0.55	Executive Assistant	48,236.65	10,660.30		58,896.95
1000	1040	51409	0.55	Information & Privacy Officer	61,661.05	13,627.09	(64,203.54)	11,084.60
2000	2003	63233	0.55	Management Analyst	50,438.49	11,146.91		61,585.40
3000	3010	63250	0.55	Management Assistant	39,726.23	8,779.50		48,505.73
1000	1090	68315	0.55	Special Projects Officer (Chief of Staff)	57,011.35	12,599.51	(51,948.28)	17,662.58
3000	3003	68329	0.55	Data Analyst	52,171.90	11,529.99	(28,039.95)	35,661.94
1000	1090	82292	0.55	Associate Director (Medicaid F	73,947.80	16,342.46		90,290.26
1000	1060	83205	0.55	Attorney Advisor	85,079.23	18,802.51		103,881.74
1000	1040	85362	0.55	Chief Information Officer	87,667.80	19,374.59	(91,282.64)	15,759.75
6000	6006	88081	0.55	MANAGEMENT ANALYST	52,171.90	11,529.99		63,701.89
2000	2010	88124	0.55	Clinical Care Specialist	67,224.85	14,856.69		82,081.54
3000	3004	90674	0.55	Management Analyst	58,862.10	13,008.52	(31,635.62)	40,235.00
3000	3004	90679	0.55	Program Analyst	33,836.55	7,477.88	(18,185.56)	23,128.87
3000	3004	90680	0.55	Program Analyst	33,836.55	7,477.88	(18,185.56)	23,128.87
2000	2002	97147	0.55	Program Manager	52,171.90	11,529.99	(31,017.17)	32,684.72
1000	1010	10010855	0.55	Student Intern	17,510.35	3,869.79		21,380.14
1000	1090	10010860	0.55	Program Analyst	50,904.70	11,249.94	(46,383.95)	15,770.69
1000	1090	10010861	0.55	Program Analyst	50,904.70	11,249.94	(46,383.95)	15,770.69
1000	1090	10010862	0.55	Program Analyst	50,904.70	11,249.94	(46,383.95)	15,770.69
TOTAL - LOCAL FUNDS					1,416,349	313,013	(538,680)	1,190,682
2000	2003	403	0.45	Management Assistant	24,853.50	5,492.62	(14,727.22)	15,618.90
3000	3003	4940	0.45	Data Analyst	46,232.85	10,217.46		56,450.31
6000	6010	5076	0.45	Management Assistant	24,853.50	5,492.62		30,346.12
3000	3003	12919	0.45	Data Analyst	48,549.77	10,729.50		59,279.27
3000	3001	15603	0.45	Policy Analyst	41,800.61	9,237.93		51,038.55
1000	1090	48208	0.45	Special Projects Officer	69,861.60	15,439.41		85,301.01
2000	2002	51080	0.45	Program Manager	64,640.70	14,285.60	(38,303.58)	40,622.71
1000	1090	51402	0.45	Executive Assistant	39,466.35	8,722.06		48,188.41
1000	1040	51409	0.45	Information & Privacy Officer	50,449.95	11,149.44	(53,204.45)	8,394.94
2000	2003	63233	0.45	Management Analyst	41,267.86	9,120.20		50,388.05
3000	3010	63250	0.45	Management Assistant	32,503.28	7,183.22		39,686.50
1000	1090	68315	0.45	Special Projects Officer (Chief of Staff)	46,645.65	10,308.69	(42,583.40)	14,370.94
3000	3003	68329	0.45	Data Analyst	42,686.10	9,433.63	(22,866.25)	29,253.48
1000	1090	82292	0.45	Associate Director (Medicaid F	60,502.74	13,371.11		73,873.85
1000	1060	83205	0.45	Attorney Advisor	69,610.28	15,383.87		84,994.15
1000	1040	85362	0.45	Chief Information Officer	71,728.20	15,851.93	(75,644.46)	11,935.67
6000	6006	88081	0.45	MANAGEMENT ANALYST	42,686.10	9,433.63		52,119.73
2000	2010	88124	0.45	Clinical Care Specialist	55,002.15	12,155.48		67,157.63
3000	3004	90674	0.45	Management Analyst	48,159.90	10,643.34	(25,798.47)	33,004.76
3000	3004	90679	0.45	Program Analyst	27,684.45	6,118.26	(14,830.11)	18,972.60
3000	3004	90680	0.45	Program Analyst	27,684.45	6,118.26	(14,830.11)	18,972.60
2000	2002	97147	0.45	Program Manager	42,686.10	9,433.63	(25,294.13)	26,825.59
1000	1010	10010855	0.45	Student Intern	14,326.65	3,166.19		17,492.84
1000	1090	10010860	0.45	Program Analyst	41,649.30	9,204.49	(38,022.16)	12,831.63
1000	1090	10010861	0.45	Program Analyst	41,649.30	9,204.49	(38,022.16)	12,831.63
1000	1090	10010862	0.45	Program Analyst	41,649.30	9,204.49	(38,022.16)	12,831.63
TOTAL - FEDERAL MEDICAID FUNDS					1,158,831	256,102	(442,149)	972,784

2. Reduce CSG 50 for Activity 5001 by \$900,884 in FY 2022. Reduce CSG 50 for Activity 5001 by matching Federal Medicaid funds per the actions in the previous bullet. The Office Chief Financial Officer has requested a corresponding Budget Support Act subtitle.
3. Fund DC HealthCare Alliance reforms in D.C. Law 23-251, the "Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020"

Increase CSG 50 for Activity 5003 by \$1,835,661 in FY22, \$12,122,381 in FY23, \$18,945,170 in FY24, and \$25,907,635 in FY25 to account for increased Alliance enrollment. Funding comes from the following sources:

- \$934,777 in recurring Local funding beginning in FY 2022 from DHCF position reductions.
 - \$900,884 in recurring Local funding beginning in FY 2022 from reduction to CSG 50 of Activity 5001. Reduce CSG 50 for Activity 5001 by matching Federal Medicaid funds per the actions in the previous bullet.
 - \$250,000 in recurring Local funding beginning in FY 2023 from redesignating the Thrive by Five Coordinating Council Program for the Mayor’s Maternal Infant Health Summit in DMHHS as one-time Local Funds.
 - \$5,094,244 in recurring Local funding beginning in FY 2023 from redesignating DHCF Activity 5001 as one-time Local Funds. Reduce CSG 50 for Activity 5001 by matching Federal Medicaid funds per the actions in the previous bullet.
 - \$4,942,476 in recurring Local funding beginning in FY 2023 from redesignating 46.0 of DBH’s vacant FTEs as one-time Local Funds.
 - \$5,011,347 in recurring Local funding beginning in FY 2024 from redesignating 55.0 of DBH’s vacant FTEs as two-time Local Funds.
 - \$994,872 in recurring Local funding beginning in FY 2023 from redesignating DHCF Activity 5001 as two-time Local Funds. Reduce CSG 50 for Activity 5001 by matching Federal Medicaid funds per the actions in the previous bullet.
 - \$816,570 in recurring Local funding beginning in FY 2023 from redesignating DBH Activity CSG 41 as two-time Local Funds
 - \$6,962,465 in recurring Local funding beginning in FY 2024 from redesignating DBH Activity CSG 50 as three-time Local Funds
4. Fund D.C. Law 23-132, the “Postpartum Coverage Expansion Amendment Act of 2020”
- Increase Local - \$255,905 in FY 2022, \$271,771 in FY 2023, \$288,349 in FY 2024, and \$305,650 in FY 2025

- Increase Federal - \$435,595 in FY 2022, \$462,602 in FY 2023, \$490,087 in FY 2024, and \$521,827 in FY 2025
 - Funding from elimination of DHCF vacant positions.
5. Receive the shift of the \$500,000 federal payment for the Produce Rx Program from the Department of Health.
 6. Reallocate the Mayor's FY 2022 \$75,000 doula enhancement to fund the FY 2022 cost of the “Maternal Health Resources and Access Act of 2021” Budget Support Act subtitle.
 7. Include Mayor’s *errata* letter changes.
 - (a) Shift \$8,000,000 in FY 2022 local funding for healthcare services for vulnerable residents from Health Care Finance Program (Prog 5000), Alliance Provider Payment (Activity F7000), Hospital Support Services (Service F700), Comp Object 0502 to Health Care Finance Program (Prog 5000), Medicaid Provider Payment (Prog 5001), Hospital Support (Service F192), Comp Object 0506, because the funds will be issued as a grant and not as a provider payment. The funding above was included in the wrong object code due to a drafting error when submitting the budget.
 - (b) Add Federal and Intra-District funding to support DCAS in the following areas in federal grants - Program 300A (DCAS- O&M Vendor contract) \$6,636,082.32, program 300A (Maximus contract) \$2,142,000. Intra-District – Program 300A (DCAS- O&M Vendor contract) \$2,054,025.48 and program 300A (Maximus contract) \$663,000. The funding above was not included due to a drafting error when submitting the budget. This adjustment supports federal and intra district funding participation for the DCAS local enhancement of \$9,594,755.

b. Fiscal Year 2022 Capital Budget Recommendations

3. COMMITTEE POLICY RECOMMENDATIONS

1. The Committee on Health commends the Department of Health Care Finance for its extraordinary work during the COVID-19 pandemic to quickly implement important health care innovations as the pandemic began. The Committee recommends that the Department continue its important innovations, specifically:

1. Telehealth innovations for Medicaid – The Department of Health Care Finance quickly implemented regulatory changes in 2020 as COVID-19

hit the District of Columbia, such as being able to use the home as the origination site and using audio-only telehealth.

2. Universal contracting in the Medicaid Program – In 2020, the Department of Health Care Finance implemented universal contracting for the Medicaid. This represented a huge forward for health access for persons ensured through Medicaid who can now use their Medicaid insurance at all hospitals and FQCHCs in the District of Columbia.
3. Reforms to the DC HealthCare Alliance Program – The Executive quickly implemented changes to allow residents to enroll in the DC HealthCare Alliance electronically and has not disenrolled anyone from the program in over one year during the public health emergency. In this year’s budget, Mayor Bowser should be commended for expanding the reforms approved by the Council during last year’s budget by fully eliminating the requirement for any face-to-face recertifications throughout the entirety of Fiscal Year 2021. The Committee makes adjustments to the out-years of the financial plan to make the electronic recertification process permanent and to extend the term to once year.

2. The Committee has authorized the Department to make a series competitive grants through the Budget Support Act in the event that the Department receives additional eligible federal funding or has underspending.

E. NOT-FOR-PROFIT HOSPITAL CORPORATION & SUBSIDY

1. AGENCY OVERVIEW

The mission of the Not-For-Profit Hospital Corporation, more commonly known as United Medical Center (UMC), is dedicated to the health and well-being of individuals and communities entrusted to our care. UMC 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.

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). UMC 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. UMC 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 UMC and the President of the District of Columbia Hospital Association serve as non-voting ex-officio members.

The Board of Directors of UMC adopted a new Strategic Vision and Plan on August 2, 2013, and this Plan was approved by the Mayor and endorsed by the District Council. The Council in that endorsement urged the Board and the Executive to carry out the Plan, including recommendations from Huron Consulting, "swiftly." Five major areas within this plan of focus remain:

- Align with a partner(s) and position UMC to thrive under healthcare reform;
- Achieve financial stability;
- Recruit, deploy, and retain talented and enthusiastic personnel focused on providing excellent patient experiences;
- Achieve superior quality and patient safety outcomes; and
- Contribute to overall health within the communities that UMC serves.

The UMC has made several advancements with regard to financial stability and recruiting highly qualified personnel. These advancements have seen the Hospital's quality measures increase over the last three years. The Hospital continues to work with local officials to align with a partner and position UMC to thrive under healthcare reform.

The Not-For-Profit Hospital Corporation Subsidy provides a direct payment for Local Funds annually to UMC. It is a paper agency that allows District accounts to properly track this funding as it is disbursed to UMC, as an independent instrumentality

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. COMMITTEE BUDGET RECOMMENDATIONS

a. Fiscal Year 2022 Operating Budget Recommendations

The Committee approves the operating budget as proposed by the Mayor.

3. COMMITTEE POLICY RECOMMENDATIONS

1. The Fiscal Management Board of United Medical Center shall submit an operational plan for the Corporation with an implementation schedule that has been certified by the Office of the Chief Financial Officer no later than the statutorily required date of July 16, 2021.
2. In proposing any reductions to United Medical Center, the Fiscal Management Board shall preserve the emergency department and behavioral health services and should ensure that the preservation of management positions is not prioritized over front-line staff.
3. Mazars needs to correct the contracting and procurement problems they have had, and hire staff who can submit contracts to the Council in a timely manner.

F. HEALTH BENEFIT EXCHANGE AUTHORITY

1. AGENCY OVERVIEW

In March of 2010, the Patient Protection and Affordable Care Act of 2010 was signed into law with the central goal of ensuring that all Americans have access to quality, affordable health care. It enabled implementation of significant health insurance reforms including the establishment of Health Benefit Exchanges nationwide. The D.C. Health Benefit Exchange Authority is a quasi-governmental agency of the District of Columbia government charged with implementing and operating the District’s Health Benefit Exchange.

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 District of Columbia Health Benefit Exchange Authority is now in its eighth year of operation and concluded its seventh open enrollment period for people purchasing individual insurance on January 31, 2020. The agency currently 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. COMMITTEE BUDGET RECOMMENDATIONS

a. Fiscal Year 2022 Operating Budget Recommendations

The Committee approves the operating budget as proposed by the Mayor.

3. COMMITTEE POLICY RECOMMENDATIONS

In 2021, a new federal administration brought a new level of optimism for health care. Where the previous several years saw serious threats to the Affordable Care Act (ACA), this new administration worked to increase access to quality affordable health care, particularly during a nationwide public health emergency. In March of this year, President Joe Biden signed into law the American Rescue Plan (ARP), which reduces premiums for health insurance through DC Health Link and provides health insurance for as little as \$2/month to individuals who lost their jobs the ARP enhances premium tax credits for 2021 and 2022, and places caps on insurance premiums for people at all income levels who purchase individual health insurance coverage through an affordable care act exchange, resulting in \$36 million in yearly insurance premium savings for District residents with DC Health Link coverage.

The Committee acknowledges Director Kofman and her staff at the Health Benefit Exchange Authority for their continued collaboration in helping to facilitate a nearly 100% insured rate for the District, as well as maintaining one of the most cost-effective and state of the art health insurance marketplaces in the nation, which was ranked number one for consumer decision support tools for two years. As the District celebrates these milestones, it is critical that the city continue to develop strategies around making health care more accessible for those with insurance, especially for those on the east end of the district. The Committee recommends that HBX:

1. Continue to monitor the stability of District health insurance rates and explore opportunities to health care more accessible.
2. Continue outreach to unemployment recipients about the availability of increased health insurance premium assistance through DC Health Link.
3. Continue to find ways to eliminate financial barriers to care and health outcome disparities for communities of color in the District, especially in the midst of the COVID 19 pandemic.

4. Strengthen outreach to DC Health Link health insurance carriers to devise ways to expand access to providers on the East End of the District
5. Increase utilization of Certified Business Enterprises (CBE) in procurement of services.
6. Ensure the permanent implementation of the American Rescue Plan, and keep the Committee apprised of any future advancements the federal administration makes in the health insurance marketplace.

III. BUDGET SUPPORT ACT RECOMMENDATIONS

On Thursday, May 27, 2021, Chairman Mendelson introduced, on behalf of the Mayor, Bill 24-0285, the “Fiscal Year 2022 Budget Support Act of 2021”. The Committee on Health was referred comments for five of the subtitles in the legislation. The Committee also recommends the addition of one new subtitle. The Committee on Health describes the purpose, fiscal impact, committee reasoning, and a section-by-section analysis for each of the subtitles it recommends for inclusion in the Budget Support Act and has attached the legislative language in Attachment A to this report.

A. BUDGET SUPPORT ACT SUBTITLES PROPOSED BY THE MAYOR

The Committee provides comments on the following subtitles of the “Fiscal Year 2022 Budget Support Act of 2021”:

1. **Subtitle V-A. Medicaid Hospital Outpatient Payment**
2. **Subtitle V-C. Medicaid Reserve Fund**
3. **Subtitle V-D. Unjust Convictions Health Care**
4. **Subtitle V-E. Department of Health Care Finance Solicitations**
5. **Subtitle V-F. Howard University Hospital Centers of Excellence**

The legislative language is included in Appendix A.

1. Subtitle V-A. Medicaid Hospital Outpatient Payment

a. Purpose, Effect, and Impact on Existing Law

The Department of Health Care Finance (DHCF) assesses a fee on District hospitals’ outpatient gross revenue. The outpatient fee revenues are deposited in the Hospital Provider Fee Fund (Fund). The Fund is used to make Medicaid outpatient hospital access payments to private hospitals in the District for services provided to Medicaid fee-for-service (FFS) patients. The Fiscal Year 2021 Budget Support Act changed how money in the Fund could be used and permitted

DHCF to provide direct outpatient supplemental payments to managed care organizations (MCOs). The statutory language in the Fiscal

Year 2021 Budget Support Act inadvertently limited the use of the Fund balance to only provide supplemental payments to MCOs. The subtitle corrects how money in the Fund can be spent to again include FFS payments directly to hospitals.

- b. **Committee Reasoning**
- c. **Section-by-Section Analysis**
- d. **Fiscal Impact**

The subtitle allows DHCF to use Fund balance in a way that conforms with existing practice. DHCF will be able to provide direct outpatient supplemental payments to MCOs and hospital access payments for FFS patients.

2. Subtitle V-C. Medicaid Reserve Fund

- a. **Purpose, Effect, and Impact on Existing Law**

The subtitle eliminates the Medicaid Reserve Fund which is a paper agency of the Department of Health Care Finance. The Fund is used to pay for expenses associated with increased Medicaid enrollment or service utilization as a result of the public health emergency.

- b. **Committee Reasoning**
- c. **Section-by-Section Analysis**
- d. **Fiscal Impact**

The fiscal year 2022 budget does not include funding in the Medicaid Reserve Fund and there is no fiscal impact to its removal.

3. Subtitle V-D. Unjust Convictions Health Care

- a. **Purpose, Effect, and Impact on Existing Law**

Any person unjustly convicted of, and subsequently imprisoned for, a felony offense contained in the District of Columbia Official Code may present a claim for damages against the District of Columbia or petition the District for compensation. If an unjustly convicted person petitions the District for compensation and the Office of Victim Services and Justice Grants approves the petition, the petitioner is eligible to receive cash payments from the District for each

year of incarceration and each year of probation. The petitioner is also eligible to receive health care for life through the D.C. Health Care Alliance program, among other benefits. The subtitle allows the Department of Health Care Finances (DHCF) to deliver health care and mental health benefits to eligible unjustly convicted and imprisoned individuals using a fee-for-service (FFS) model instead of only the using the D.C. Health Care Alliance (Alliance) program.

- b. Committee Reasoning**
- c. Section-by-Section Analysis**
- d. Fiscal Impact**

There is currently only one individual that has been awarded health benefits for unjust imprisonment that will be transferred from the Alliance program to the FFS model. The annual cost difference between the Alliance program and the FFS model is \$34,000 per person. The proposed DHCF fiscal year 2022 budget includes recurring funding to implement the subtitle.

4. Subtitle V-E. Department of Health Care Finance Solicitations

- a. Purpose, Effect, and Impact on Existing Law**

The bill establishes the date of the District's acceptance of subcontracting plans with respect to two Department of Health Care Finance (DHCF) solicitations. The bill is applicable to solicitations issued on or before August 20, 2020 and specifies that the District is deemed to have accepted subcontracting plans when the District receives the best and final offer from an offeror.

- b. Committee Reasoning**
- c. Section-by-Section Analysis**
- d. Fiscal Impact**

There is no cost to implement this subtitle, however the fiscal year 2022 budget includes budgetary savings that result from this subtitle. Specifically, the subtitle allows DHCF to avoid costs that would result from delaying the procurement of Medicaid Management Information System upgrades; and losing federal funding for District of Columbia Access System upgrades. In total, retroactively approving subcontracting plans amounts to budgetary savings of \$4,685,000 in fiscal year 2022. Originally, this subtitle included \$715,000 in cost avoidance for contracting with an enrollment broker to reapportion Managed Care Organization patients. However, due to Council legislation that accelerated the re-evaluation period, these costs will now occur in Fiscal Year 2021.

5. Subtitle V-F. Howard University Hospital Centers of Excellence

a. Purpose, Effect, and Impact on Existing Law

In 2020, the District authorized operating support, subject to available funding, for five Centers of Excellence at Howard University Hospital (Centers) through fiscal year 2025 and a tax abatement for property being redeveloped by Howard University, beginning no earlier than fiscal year 2025 subject to conditions including operation of the Centers. The five Centers will focus on sickle cell disease, women’s health, substance use and co-occurring disorders, trauma care and violence prevention, and oral health. The subtitle establishes a non-lapsing Howard University Hospital Centers of Excellence Fund (Fund) to collect unspent local funds that were appropriated in the fiscal year 2021 to support the Centers and will serve as a repository for funds appropriated in fiscal year 2022 or later. The Fund will be administered by the Department of Health.

b. Committee Reasoning

c. Section-by-Section Analysis

d. Fiscal Impact

The approved fiscal year 2021 budget includes \$4.2 million in one-time funding to support the Centers of Excellence at Howard University Hospital. Any unspent money from this appropriation will be deposited into the newly established Fund to be spent in fiscal year 2022 or later.

B. NEW BUDGET SUPPORT SUBTITLES PROPOSED BY THE COMMITTEE ON HEALTH

The Committee on Health recommends the following new subtitles to be added to the “Fiscal Year 2022 Budget Support Act of 2021”:

1. **Title - Subtitle - Stevie Sellow’s Direct Support Professionals Quality Improvements**
2. **Title - Subtitle - First Time Mothers Home Visiting Program**
3. **Title – Subtitle - Maternal Health Resources and Access**
4. **Subtitle V-X. Department of Health Care Finance Grant-Making**
5. **Subtitle V-X. Managed Care Contract Fiscal Limitation**
6. **Subtitle V-X. Subject to Appropriations Repeal and Amendments**

The legislative language is included in Appendix A.

1. **Title - Subtitle - Stevie Sellow’s Direct Support Professionals Quality Improvements**

a. Purpose, Effect, and Impact on Existing Law

b. Committee Reasoning

In February, 2020, Council passed B23-0214, the “Direct Support Professionals Payment Rate Act of 2019”.¹ This legislation requires the average amount to be paid to direct support professionals (“DSPs”) in the disability services field to be equal to 117% of the greater of either the District living wage or minimum wage.

The Committee on Health has worked with the Committee on Human Services to fully fund the bill. In the FY21 budget, the Mayor proposed two smaller enhancements to increase the payment rate for DSPs, which this Committee and the Council approved: first, a subtitle to the Budget Support Act that increased the assessment on disability service providers by a half percent and uses that revenue and Medicaid match to raise a total of \$2.6 million for FY2021 for the payment of DSP workers at intermediate care facilities (“ICF”); second, a \$1.4 million grant program to fund the payment of DSP workers employed by Medicaid Waiver providers.

These investments have had a noticeable though disparate impact on the DSP workforce. Funds raised through the increase in Stevie Sellow’s assessments are being utilized to raise the payment rates of ICF providers to nearly the rate called for by the “Direct Support Professional Payment Rate Act of 2019”. Medicaid Waiver providers, on the other hand, have seen much more modest increases in permanent payment rates. The \$1.4 million grant approved in FY2021, after delays in being disbursed, manifested as one-time “bonuses” for workers as opposed to an across-the-board payment increase.

The COVID-19 pandemic and resulting response created even more challenging circumstances for DSPs in the workforce, and accelerated what the committee sees as a present – no longer looming – workforce crisis. The current vacancy rate for providers is around 13 percent.²

While this subtitle does not add funding to further the goals of B23-0214, it expands the allowable uses of the Stevie Sellow’s Fund to cover payment rate increases for Medicaid Waiver providers. The Committee on Health and Committee on Human Services look forward to building upon this subtitle to secure full funding for the entirety of the DSP workforce.

c. Section-by-Section Analysis

Sec. XXXX. Short title.

¹ Direct Support Professional Payment Rate Act of 2019, B23-0214, Council Period 23 (2019).

² *Budget Oversight Hearing: Department on Disability Services*. June 7, 2021. Testimony of Ian Paregol, DC Coalition of Disability Service Providers.

Sec. XXXX. Title 47 of the District of Columbia Official Code is amended by inserting and striking phrases, redesignating paragraphs, and adding a new paragraph that defines ““DD waiver provider”. This section also establishes that revenues deposited in the Fund beginning in fiscal year 2022 may be used to support quality of care improvements for DD waiver providers.

d. **Fiscal Impact**

2. **Title - Subtitle - First Time Mothers Home Visiting Program**

a. **Purpose, Effect, and Impact on Existing Law**

b. **Committee Reasoning**

c. **Section-by-Section Analysis**

Sec. XXX1. Short title.

Sec. XXX2. Section 105a(a) of the Birth-to-Three for All DC Amendment Act of 2018, effective September 11, 2019 (D.C. Law 23-16; D.C. Official Code § 4-651.05a(a)) is amended by adding a paragraph that establishes that in fiscal year 2022, DOH shall provide an amount not to exceed \$150,000 to the home visiting provider who was awarded the competitive grant pursuant to paragraph (1) of this subsection.

d. **Fiscal Impact**

IV. COMMITTEE ACTION AND VOTE (TBD)

V. ATTACHMENTS

Committee on Health Fiscal Year 2022 Budget Support Act Subtitles	X
a. Subtitle V-A. Medicaid Hospital Outpatient Payment.....	X
b. Subtitle V-C. Medicaid Reserve Fund	X
c. Subtitle V-D. Unjust Convictions Health Care	X
d. Subtitle V-E. Department of Health Care Finance Solicitations.....	X
e. Subtitle V-F. Howard University Hospital Centers of Excellence	X

f.	Title – Subtitle – Stevie Sellow’s Direct Support Professionals Quality Improvements	X
g.	Title - Subtitle - First Time Mothers Home Visiting Program	X
h.	Title – Subtitle - Maternal Health Resources and Access	X
i.	Subtitle V-X. Department of Health Care Finance Grant-Making Authority	X
j.	Subtitle V-X. Managed Care Contract Fiscal Limitation	X
k.	Subtitle V-X. Subject to Appropriations Repeal and Amendments	X
B.	Committee on Health Fiscal Year 2022 Hearing Witness Lists	X
d.	June 4, 2021 – DBH and HBX	X
e.	June 7, 2021 – DHCF, DMHHS, NFPHC	X
f.	June 11, 2021 - DOH	X
C.	Committee on Health Fiscal Year 2022 Hearing Testimony	X
g.	Office of the Deputy Mayor for Health and Human Services.....	X
h.	Department of Health	X
i.	Department of Behavioral Health.....	X
j.	Department of Health Care Finance.....	X
k.	Not-for-Profit Hospital Corporation.....	X
l.	DC Health Benefit Exchange Authority.....	X

SUBTITLE __. STEVIE SELLOW’S DIRECT SUPPORT PROFESSIONALS QUALITY IMPROVEMENTS

Sec. XXXX. Short title.

This subtitle may be cited as the “Stevie Sellow’s Direct Support Professionals Quality Improvements Amendment Act of 2021”.

Sec. XXXX. Title 47 of the District of Columbia Official Code is amended as follows:

(a) The table of contents is amended by striking the phrase “12D. Stevie Sellows” and inserting the phrase “12D. Stevie Sellow’s” in its place.

(b) Chapter 12D is amended as follows:

(1) The heading is amended by striking the phrase “Stevie Sellows” and inserting the phrase “Stevie Sellow’s” in its place.

(2) Section 47-1270 is amended as follows:

(A) Strike the phrase “Stevie Sellows” both times it appears and insert the phrase “Stevie Sellow’s” in its place.

(B) The existing paragraph (1A) is redesignated as paragraph (1B).

(C) The existing paragraph (1B) is redesignated as paragraph (1C).

(D) A new paragraph (1A) is added to read as follows:

“(1A) “DD waiver provider” means an entity that provides residential, in-home, day, or support services, including employment and community development services under the District’s Medicaid Home and Community-Based Services Waiver for Persons with Intellectual and Developmental Disabilities program as authorized by section 1915(c) of the Social Security Act, approved August 13, 1981 (95 Stat. 809; 42 U.S.C. § 1396n(c)).”.

(2) Section 47-1271 is amended as follows:

(A) Strike the phrase “Stevie Sellows” both times it appears and insert the phrase “Stevie Sellow’s” in its place.

(B) Subsection (b)(1) is amended by striking the phrase “reimbursement of ICF/IID.” and inserting the phrase “reimbursement of ICF/IID; provided that if the quality-of-care improvement is for an increase in salaries, the salary increase for each qualifying employee shall at least equal the greater of either 117.6% of the District minimum wage pursuant to section 4 of the Minimum Wage Act Revision Act of 1992, effective March 25, 1993 (D.C. Law 9-248; D.C. Official Code § 32-1003) or 117.6% of the District living wage pursuant to the Living Wage Act of 2006, effective June 8, 2006 (D.C. Law 16-118; D.C. Official Code § 2-220.01 *et seq.*)” in its place.

(C) A new subsection (c-1) is added to read as follows:

“(c-1) Notwithstanding subsection (b) of this section, revenues deposited in the Fund beginning in fiscal year 2022 may be used to support quality of care improvements for DD waiver providers.”.

(3) Section 47-1272 is amended by striking the phrase “an ICF-IDD” both times it appears and inserting the phrase “an ICF-IDD or DD waiver provider” in its place.”.

(4) Section 47-1275 is amended by striking the phrase “ICF-IDD” both times it appears and inserting the phrase “an ICF-IDD or DD waiver provider” in its place.”.

Rationale

In February, 2020, Council passed B23-0214, the “Direct Support Professionals Payment Rate Act of 2019”.¹ This legislation requires the average amount to be paid to direct support

¹ Direct Support Professional Payment Rate Act of 2019, B23-0214, Council Period 23 (2019).

professionals (“DSPs”) in the disability services field to be equal to 117% of the greater of either the District living wage or minimum wage.

The Committee on Health has worked with the Committee on Human Services to fully fund the bill. In the FY21 budget, the Mayor proposed two smaller enhancements to increase the payment rate for DSPs, which this Committee and the Council approved: first, a subtitle to the Budget Support Act that increased the assessment on disability service providers by a half percent and uses that revenue and Medicaid match to raise a total of \$2.6 million for FY2021 for the payment of DSP workers at intermediate care facilities (“ICF”); second, a \$1.4 million grant program to fund the payment of DSP workers employed by Medicaid Waiver providers.

These investments have had a noticeable though disparate impact on the DSP workforce. Funds raised through the increase in Stevie Sellow’s assessments are being utilized to raise the payment rates of ICF providers to nearly the rate called for by the “Direct Support Professional Payment Rate Act of 2019”. Medicaid Waiver providers, on the other hand, have seen much more modest increases in permanent payment rates. The \$1.4 million grant approved in FY2021, after delays in being disbursed, manifested as one-time “bonuses” for workers as opposed to an across-the-board payment increase.

The COVID-19 pandemic and resulting response created even more challenging circumstances for DSPs in the workforce, and accelerated what the committee sees as a present – no longer looming – workforce crisis. The current vacancy rate for providers is around 13 percent.²

² *Budget Oversight Hearing: Department on Disability Services*. June 7, 2021. Testimony of Ian Paregol, DC Coalition of Disability Service Providers.

While this subtitle does not add funding to further the goals of B23-0214, it expands the allowable uses of the Stevie Sellow's Fund to cover payment rate increases for Medicaid Waiver providers. The Committee on Health and Committee on Human Services look forward to building upon this subtitle to secure full funding for the entirety of the DSP workforce.

1 **SUBTITLE __. FIRST TIME MOTHERS HOME VISITING PROGRAM.**

2 Sec. XXX1. Short title.

3 This subtitle may be cited as the “Still Leverage for Our Future Amendment Act of
4 2021”.

5 Sec. XXX2. Section 105a(a) of the Birth-to-Three for All DC Amendment Act of 2018,
6 effective September 11, 2019 (D.C. Law 23-16; D.C. Official Code § 4-651.05a(a)) is amended
7 by adding a new paragraph (3) to read as follows:

8 “(3) In fiscal year 2022, DOH shall provide an amount not to exceed \$150,000 to
9 the home visiting provider who was awarded the competitive grant pursuant to paragraph (1) of
10 this subsection.”.

1 **TITLE V. HUMAN SUPPORT SERVICES**

2 **SUBTITLE [x]. MATERNAL HEALTH RESOURCES AND ACCESS**

3 Sec. x01. Short title.

4 This subtitle may be cited as the “Maternal Health Resources and Access Act of 2021”.

5 Sec. x02. Definitions.

6 For the purposes of this subtitle, the term:

7 (1) “Doula” means an individual approved by the Department of Health to provide
8 culturally competent and continuous physical, emotional, and informational support to the
9 birthing parent during pregnancy, labor, birth, and postpartum, including:

10 (A) Providing continuous and culturally competent support to pregnant
11 individuals and their families, including surrogates and adoptive parents;

12 (B) Conducting prenatal and postpartum visits;

13 (C) Accompanying pregnant individuals to health care and social service
14 appointments;

15 (D) Connecting individuals to medical, community-based, or government
16 funded resources, including those addressing social determinants of health; and

17 (E) Providing support to individuals following either the loss of pregnancy
18 or birth of a child up to one year.

19 (2) “Medicaid” means the medical assistance programs authorized by title XIX of
20 the Social Security Act, approved July 30, 1965 (79 Stat. 343; 42 U.S.C. § 1396 *et seq.*), and by
21 section 1 of An Act To enable the District of Columbia to receive Federal financial assistance
22 under title XIX of the Social Security Act for a medical assistance program, and for other

23 purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02), and
24 administered by the Department of Health Care Finance.

25 (3) “Postpartum” means the time after delivery when maternal physiological
26 changes related to pregnancy return to the nonpregnant state, which may last for as long as 12
27 months after delivery.

28 (4) “Transportation costs” means expenses incurred for travel using public
29 transportation or a public or private vehicle-for-hire service regulated by the Department of For-
30 Hire Vehicles, but does not include the cost of travel by private vehicle or parking fees.

31 Sec x03. Doula guidelines for training.

32 (a) An individual applying to be approved as a doula under this subtitle shall establish to
33 the Department of Health’s (“Department”) satisfaction that the individual:

34 (1) Completed a training program by an organization approved in doula training
35 by the Department; and

36 (2) Successfully completed any other requirements as determined by the
37 Department.

38 Sec. x04. Coverage of doula services.

39 (a) By October 1, 2022, health insurance coverage through Medicaid or the DC
40 HealthCare Alliance and the Immigrant Children’s Program shall cover and reimburse eligible
41 services provided by doulas; provided that no Medicaid payment shall be made until such time
42 that the Centers for Medicare and Medicaid Services approves the Medicaid State Plan
43 amendment described in subsection (b) of this section.

44 (b)(1) By September 30, 2022, the Department of Health Care Finance (“DHCF”) shall
45 submit for approval from the Centers for Medicare and Medicaid Services an amendment to the
46 Medicaid State Plan to authorize the Medicaid payments described in this section.

47 (2) While preparing the Medicaid State Plan amendment application, DHCF shall:

48 (A) In consultation with organizations providing doula services and other
49 relevant entities, establish processes for billing and reimbursement of doula services, including:

50 (i) Setting competitive reimbursement rates;

51 (ii) Setting a reasonable number of doula visits to be reimbursed
52 during the course of the pregnancy and postpartum period;

53 (iii) Developing program support and training for doula service
54 providers to facilitate billing; and

55 (iv) Assessing the viability of incentive payments to doulas whose
56 clients attend postpartum appointments with a medical provider.

57 (B) In consultation with the Department of Health and other relevant
58 entities, issue rules to determine eligibility for reimbursement by Medicaid, the DC HealthCare
59 Alliance, and the Immigrant Children’s Program.

60 Sec. x04. Coverage of transportation costs.

61 By October 1, 2021, health insurance coverage through the DC HealthCare Alliance shall
62 cover and reimburse transportation costs for travel to and from nonemergency prenatal and
63 postpartum health care appointments.

**SUBTITLE x. SUBJECT TO APPROPRIATIONS REPEALS AND
AMENDMENTS.**

Sec. x01. Short title.

This subtitle may be cited as the “Subject to Appropriations Repeals and Amendments Act of 2021”.

Sec. x02. Section 4 of the Postpartum Coverage Expansion Amendment Act of 2020, effective October 20, 2020 (D.C. Law 23-132; 67 DCR 9887), is repealed.

Sec. x03. Section 401 of the Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020, effective March 16, 2021 (D.C. Law 23-251; 68 DCR 1234), is repealed.

Sec. x04. Section 3 of the Certified Midwife Credential Amendment Act of 2021, as approved by the Committee on Health on June 30, 2021 (Committee print of Bill 24-143), is repealed.