



COMMITTEE ON HEALTH
 CHRISTINA HENDERSON, CHAIRPERSON
 FISCAL YEAR 2025 COMMITTEE BUDGET REPORT

TO: Members of the Council of the District of Columbia

FROM: Councilmember Christina Henderson
 Chairperson, Committee on Health

DATE: May 9, 2024

SUBJECT: Draft Report and Recommendations of the Committee on Health on the Fiscal Year 2025 Local Budget Act of 2024 and the Fiscal Year 2025 Budget Support Act Of 2024 for the 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 2025 (“FY 2025”) 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 2025 Budget Support Act of 2024, as proposed by the Mayor.

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Executive Summary

This report of the Committee on Health on the Fiscal Year 2025 Proposed Budget for the agencies within its jurisdiction was developed after several months of hearings, testimony, meetings, and other forms of public engagement. The summary below highlights many of the Committee's notable investments in the FY 2025 budget, including the approval of proposed investments by the Mayor (so noted as "Approves").

The Committee's recommended budget makes critical investments to:

Enhance Support for Behavioral Health and Substance Use Treatment

- Expand the Substance Abuse and Behavioral Health Services Targeted Outreach Grants by providing an additional **\$800,000** from a transfer from the Committee on Recreation, Libraries, and Youth and the Opioid Abatement Settlement Fund, to provide support and connections to treatment for individuals in need of substance abuse and behavioral health services at 7 locations in Wards 1, 5, 6, 7, and 8 with concentrated outdoor drug use
- Extend the School-Based Behavioral Health Student Peer Educator Pilot for a second year by providing an additional **\$325,000** from the Opioid Abatement Settlement Fund for grants to train and supervise students in behavioral health support and services for their peers
- Restore critical funding to the Office of the Chief Medical Examiner Illicit Drug Surveillance program by providing **\$400,000** from the Opioid Abatement Settlement Fund to sustain the agency's forensic toxicology testing and development of new forensic testing methods
- Increase resources and support for individuals struggling with Problem Gambling Disorder by accepting a **\$300,000** transfer from the Committee on Business and Economic Development

Improve Health for Birthing Parents and Families

- Fully fund D.C. Law 25-49, the Expanding Access to Fertility Treatment Amendment Act of 2023, by providing **\$420,000** to defray the costs of fertility services for residents insured through DC Health Link
- Approve **\$300,000** for a new grant for Childcare for Pregnant and Birthing Parents, which will provide childcare to pregnant and birthing parents and legal guardians who need urgent medical treatment at a birthing hospital or facility in the District
- Provide an additional **\$74,600** to the Perinatal Quality Collaborative to implement the evidence-based Count the Kicks Initiative to decrease stillbirths
- Approve **\$225,000** and provide an additional **\$100,000** through a transfer from the Committee on Public Works and Operations for nurse-led home visiting for families
- Maintain distribution of diapers, formula, and other essential supplies for infants by approving **\$400,000** in recurring funds as a grant to the DC Diaper Bank

Increase Healthy Food Access

- Provide an additional **\$600,000** in recurring funding for Produce Plus, which provides funding for low-income residents to purchase fresh fruit and vegetables at farmers markets, to increase program participation by 2,500 for this high-demand program
- Fund a new Grocery Access Pilot Program at **\$120,000**, enabling 1,000 residents who participate in educational programs under the Supplemental Nutrition Assistance Program (SNAP-Ed) to purchase groceries online without delivery fees
- Ensure stable funding for the Healthy Food Access Grant programs, including Healthy Corners, Joyful Food Markets, Home-Delivered Meals, and Produce Plus, by moving these critical grant programs from one-time funds to recurring funds, for a total of **\$5,409,066** in recurring funds (plus the \$600,000 increase mentioned above)

Enhance Patient Care and Outcomes

- Approves two new Directed Payments on qualifying hospitals, which will generate **\$127,561,036** in additional revenue for District hospitals to spend on improving maternal and child health outcomes, discharge and transitions of care, substance use treatment, and workforce pipelines
- Ensure patients can access the medications and procedures they need by allocating **\$1,280,612** to fund key provisions of D.C. Law 25-124, the Prior Authorization Reform Amendment Act of 2023
- Approves an increase of **\$17,697,000** in Medicaid payments to nursing facilities, that will go directly towards increasing wages for certified nursing assistants (CNAs)

Promote Student Health and Achievement

- Provide an additional **\$1,411,000** to enhance the School Health Services Program, including enhanced training for school nurses, health technicians, and staff, and increasing access to telehealth services in school health suites
- Allocate **\$757,386** to fully fund D.C. Law 25-0124, the Access to Emergency Medications Amendment Act of 2023, which ensures that when a student is having a medical emergency, schools are prepared with emergency medication and staff trained to provide immediate medical care
- Fund a Sexual Health Peer Educators Grant at **\$150,000**, which will provide training and stipends to high school students to serve as student health educators, teaching their fellow students about pregnancy prevention, consent, STIs, and other related topics
- Expand opportunities for middle schoolers to participate in summer programming focused on career exploration by transferring **\$137,500** to the Committee on Executive Administration and Labor to add 50 participants to the DOES Middle School Career Ready Early Scholars Program

Improve Access to Critical Health Care Infrastructure

- Ensure increased patient services at the District’s publicly owned psychiatric hospital by approving the proposed increases of **\$9,372,000** in operating funds and **\$7,280,000** in capital improvements for Saint Elizabeth’s Hospital
- Restore **\$907,000** for the Court Urgent Care Clinic located within the Superior Court of the District of Columbia Moultrie Courthouse
- Ensure the financial stability of United Medical Center as it prepares for closure in 2025 by approving an additional **\$10,200,000** investment to cover severance and related employee benefits, as well as document destruction after the hospital closes
- Enhance critical animal rescue and animal control services by approving **\$22,600,000** in capital funds to construct a new animal shelter to replace the current District-owned shelter at 1201 New York Avenue NE

Tackle Pressing Public Health Challenges

- Restore **\$350,000** for at-home HIV and Sexually Transmitted Infection testing, a critical service used by almost 6,000 District residents each year, that lost its federal funding
- Create a new Tobacco Use Cessation Fund dedicated to tobacco use prevention and cessation, specifically focused on youth vaping use, and allocate **\$3,415,140** over the financial plan to the new Fund from the JUUL Settlement Funds collected by the Office of the Attorney General
- Support more accurate, comprehensive data collection on traffic-related injuries to improve Vision Zero by accepting a transfer of **one FTE** from the Committee of Transportation and the Environment for DC Health’s Roadway Injury Surveillance Data Project
- Support the training of pediatric primary care providers on domestic violence, cultural humility, trauma informed care, and safety planning and crisis intervention by providing **\$25,000** for this purpose
- Assist low-income tenants with remaining in their homes by transferring **\$200,000** to the Committee on Housing to restore cuts to the Emergency Rental Assistance Program
- Enhance Access to Justice Initiatives at Office of Victim Services and Justice Grants by transferring **\$100,000** to the Committee on the Judiciary and Public Safety for that purpose

Committee Adjustments Summary Tables

The following tables summarize the Committee's recommendations made to the Committee of the Whole pursuant to Rule 703 of the Council Period 25 Rules of Organization and Procedure for the Council of the District of Columbia. More detailed information can be found in the attachments.

Line-Item Budget and Revenue Adjustments

See Attachment A for a table of all budget attributes and comments for each recommended change to agency operating budgets and revenues as well as full budget attributes for Committee transfers.

Committee on Health
 Fiscal Year 2025 Budget Recommendations

Fiscal Year 2025 Agency Operating Budget by Cost Center Parent Level 1

Department of Behavioral Health					
A0101 - AGENCY FINANCIAL OPERATIONS DEPARTMENT	\$1,830,556	\$2,495,073	\$2,277,771	\$0	\$2,277,771
C0100 - NO COST CENTER	(\$201,670)	\$0	\$0	\$0	\$0
H5701 - DIVISION OF ADULT SERVICES	\$67,548,186	\$74,491,317	\$122,249,958	(\$292,980)	\$121,956,978
H5801 - DIVISION OF CHILD/ADOLESCENT/FAMILY SERVICES	\$119,850,765	\$134,384,453	\$79,817,893	\$580,252	\$80,398,144
H5901 - EXECUTIVE OFFICE OF THE DIRECTOR	\$4,041,174	\$5,000,866	\$4,808,604	\$0	\$4,808,604
H6001 - OFFICE OF POLICY ADVISOR	\$6,091,311	\$6,292,334	\$5,821,094	\$0	\$5,821,094
H6101 - OFFICE OF THE CHIEF CLINICAL OFFICER	\$1,793,132	\$202,510	\$202,510	\$0	\$202,510
H6201 - OFFICE OF THE CHIEF OF EXECUTIVE ST ELIZABETHS HOSPIT	\$109,130,313	\$102,766,528	\$107,705,313	(\$139,288)	\$107,566,025
H6301 - OFFICE OF THE CHIEF OF STAFF	\$5,592,130	\$5,303,478	\$5,127,471	\$0	\$5,127,471
H6401 - OFFICE OF THE CHIEF OPERATING OFFICER	\$23,777,108	\$26,397,586	\$18,290,360	(\$316,414)	\$17,973,946
H8001 - OFFICE OF OPIOID ABATEMENT	\$0	\$548,000	\$14,655,500	\$0	\$14,655,500
H8300 - DIVISION OF CRISIS SERVICES	\$14,939,253	\$18,806,407	\$21,735,920	(\$18,848)	\$21,717,072
H8401 - DIVISION OF DATA, QUALITY and COMPLIANCE	\$3,784,555	\$3,411,485	\$2,843,846	(\$46,227)	\$2,797,619
TOTAL GROSS FUNDS	\$358,176,811	\$380,100,036	\$385,536,240	(\$233,506)	\$385,302,734
Department of Health					
A0101 - AGENCY FINANCIAL OPERATIONS DEPARTMENT	\$2,930,113	\$3,471,596	\$3,556,087	(\$2,000)	\$3,554,087
C0100 - NO COST CENTER	\$7,366	\$0	\$0	\$0	\$0
H0601 - CENTER FOR POLICY, PLANNING, AND EVALUATION	\$14,525,894	\$28,436,074	\$41,025,838	\$0	\$41,025,838
H0701 - DEPUTY DIRECTOR FOR PROGRAMS AND POLICY	\$95,530,869	\$81,968,234	\$83,561,460	\$3,646,366	\$87,207,826
H0702 - COMMUNITY HEALTH ADMINISTRATION	\$7,490,920	\$9,481,382	\$9,136,206	(\$17,720)	\$9,118,486
H0801 - HEALTH EMERGENCY PREPAREDNESS AND RESPONSE ADMINI	\$9,702,370	\$6,084,920	\$6,416,742	\$167,541	\$6,584,283
H0901 - HEALTH REGULATION AND LICENSING ADMINISTRATION	\$34,573,549	\$34,196,803	\$33,987,351	(\$25,550)	\$33,961,801
H1001 - HIV/AIDS, HEPATITIS, STD, AND TB ADMINISTRATION	\$85,344,298	\$90,324,448	\$91,750,019	\$500,000	\$92,250,019
H1101 - OFFICE OF HEALTH EQUITY	\$5,827,928	\$6,045,793	\$962,245	\$0	\$962,245
H1201 - OFFICE OF THE CHIEF OPERATING OFFICER	\$27,593,155	\$29,361,996	\$31,388,997	\$0	\$31,388,997
H1202 - OFFICE OF THE CHIEF OF STAFF	\$822,057	\$1,056,599	\$1,335,580	\$0	\$1,335,580
H1203 - OFFICE OF THE DIRECTOR	\$4,249,839	\$1,700,763	\$1,708,472	(\$3,556)	\$1,704,916
H7401 - COMMUNITY HEALTH ADMINISTRATION	\$98,187	\$0	\$0	\$0	\$0
TOTAL GROSS FUNDS	\$288,696,544	\$292,128,607	\$304,828,997	\$4,265,081	\$309,094,078

Committee on Health
Fiscal Year 2025 Budget Recommendations

DIFS Cost Center (Parent Level 1)	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025		Committee's FY 2025 Recommendation
			Proposed	Committee Variance	
Department of Health Care Finance					
A0101 - AGENCY FINANCIAL OPERATIONS DEPARTMENT	\$4,343,349	\$8,229,872	\$8,453,801	\$0	\$8,453,801
H2901 - DCAS PROGRAM MANAGEMENT ADMINISTRATION	\$51,197,999	\$76,244,937	\$77,467,320	\$987,460	\$78,454,780
H2902 - HEALTH AND HUMAN SERVICES FUNCTIONAL DIVISION	\$0	\$708,779	\$0	\$0	\$0
H3001 - PROGRAM INTEGRITY ADMINISTRATION	\$3,510,956	\$3,986,654	\$4,770,656	(\$16,367)	\$4,754,289
H3101 - HEALTH CARE DELIVERY MANAGEMENT ADMINISTRATION	\$19,396,593	\$28,898,692	\$24,435,808	\$899,570	\$25,335,378
H3201 - MEDICAID PROVIDER PAYMENTS	\$4,007,760,552	\$3,846,495,100	\$4,370,554,243	(\$2,322,593)	\$4,368,231,650
H3202 - PUBLIC PROVIDER PAYMENTS	\$134,405,174	\$75,211,595	\$75,617,394	\$0	\$75,617,394
H3203 - ALLIANCE PROVIDER PAYMENT	\$111,194,270	\$118,327,853	\$132,493,843	\$150,259	\$132,644,102
H3301 - HEALTH CARE OPERATIONS ADMINISTRATION	\$46,860,703	\$54,702,920	\$63,841,271	\$0	\$63,841,271
H3401 - HEALTH CARE POLICY AND RESEARCH ADMINISTRATION	\$3,570,814	\$6,972,630	\$6,939,980	(\$352,415)	\$6,587,565
H3501 - HEALTH CARE REFORM AND INNOVATION ADMINISTRATION	\$12,381,968	\$11,717,137	\$17,696,495	\$100,000	\$17,796,495
H3601 - LONG TERM CARE ADMINISTRATION	\$20,550,694	\$25,691,760	\$27,424,966	(\$141,660)	\$27,283,306
H3701 - OFFICE OF THE OSMD	\$1,168,431	\$2,771,428	\$4,454,885	(\$310,694)	\$4,144,191
H3702 - OFFICE OF THE CHIEF OPERATING OFFICER	\$17,751,540	\$31,450,280	\$23,326,568	(\$1,013,466)	\$22,313,102
H3703 - OFFICE OF THE DIRECTOR	\$8,464,923	\$12,654,090	\$7,873,253	\$0	\$7,873,253
H3902 - INFORMATION SYSTEMS DIVISION	\$0	\$0	\$5,350,673	(\$60,195)	\$5,290,477
H3903 - PROGRAM REVIEW MONITORING AND INVESTIGATIONS DIVIS	\$0	\$0	\$4,470,555	\$0	\$4,470,555
H8100 - DATA ANALYTICS AND RESEARCH ADMINISTRATION (DARA)	\$0	\$0	\$2,089,445	(\$10,150)	\$2,079,295
H8200 - OFFICE OF DDS FINANCE	\$0	\$0	\$6,405,395	(\$10,553)	\$6,394,842
TOTAL GROSS FUNDS	\$4,442,557,965	\$4,304,063,725	\$4,863,666,552	(\$2,100,804)	\$4,861,565,747
Health Benefit Exchange Authority					
A0101 - AGENCY FINANCIAL OPERATIONS DEPARTMENT	\$698,471	\$829,047	\$780,040	\$0	\$780,040
C0100 - NO COST CENTER	(\$3,806)	\$0	\$0	\$0	\$0
H1901 - DIRECTOR'S OFFICE	\$6,720,373	\$3,670,408	\$3,877,010	\$0	\$3,877,010
H2001 - OPERATIONS DEPARTMENT	\$2,361,056	\$2,535,787	\$2,557,107	\$0	\$2,557,107
H2201 - PROGRAM DEPARTMENT	\$18,073,661	\$14,818,917	\$18,080,242	\$0	\$18,080,242
H6601 - COMMUNICATIONS AND CIVIC ENGAGEMENT DEPARTMENT	\$2,071,797	\$2,313,705	\$2,316,786	\$0	\$2,316,786
H6701 - INFORMATION TECHNOLOGY DEPARTMENT	\$17,636,357	\$13,384,283	\$14,141,599	\$0	\$14,141,599
TOTAL GROSS FUNDS	\$47,557,909	\$37,552,148	\$41,752,784	\$0	\$41,752,784

Committee on Health
 Fiscal Year 2025 Budget Recommendations

DIFS Cost Center (Parent Level 1)	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025		Committee's FY 2025 Recommendation
			Proposed	Committee Variance	
Not-for-Profit Hospital Corporation					
C0100 - NO COST CENTER	\$0	\$155,000,000	\$155,000,000	\$0	\$155,000,000
TOTAL GROSS FUNDS	\$0	\$155,000,000	\$155,000,000	\$0	\$155,000,000
Not-for-Profit Hospital Corporation Subsidy					
C0100 - NO COST CENTER	\$22,000,000	\$15,000,000	\$25,200,000	\$0	\$25,200,000
TOTAL GROSS FUNDS	\$22,000,000	\$15,000,000	\$25,200,000	\$0	\$25,200,000
Office of the Deputy Mayor for Health and Human Services					
H1301 - CHIEF OF STAFF ADMINISTRATIVE OFFICE	\$117,020	\$405,671	\$304,583	\$0	\$304,583
H1501 - OFFICE OF THE CHIEF OF STAFF	\$71,577	\$0	\$0	\$0	\$0
H1601 - OFFICE OF THE DEPUTY MAYOR - DMHHS	\$1,856,314	\$2,071,890	\$2,175,904	(\$29,368)	\$2,146,536
TOTAL GROSS FUNDS	\$2,044,911	\$2,477,561	\$2,480,487	(\$29,368)	\$2,451,119
GRAND TOTAL	\$5,161,034,141	\$5,186,322,077	\$5,778,465,060	\$1,901,402	\$5,780,366,462

See Attachment B for a table detailing recommended agency budgets and full-time equivalents at the Cost Center level.

Committee on Health
 Fiscal Year 2025 Budget Recommendations

Fiscal Year 2025 Agency Operating Budget by Program Parent Level 1

Program Parent L1	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
Department of Behavioral Health					
AFO000 - AGENCY FINANCIAL OPERATIONS					
AFO002 - AGENCY ACCOUNTING SERVICES	\$896,554	\$0	\$690,651	\$0	\$690,651
AFO003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES	\$671,436	\$2,182,509	\$1,009,890	\$0	\$1,009,890
AFO005 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION	\$222,377	\$312,564	\$577,230	\$0	\$577,230
AFO010 - PAYROLL DEFAULT	\$0	\$0	\$0	\$0	\$0
AFO011 - P-CARD CLEARING	\$37,998	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L2 FUNDS	\$1,828,365	\$2,495,073	\$2,277,771	\$0	\$2,277,771
AMP000 - AGENCY MANAGEMENT PROGRAM					
AMP002 - CLAIMS SERVICES	\$2,157,390	\$818,323	\$844,135	\$0	\$844,135
AMP011 - HUMAN RESOURCE SERVICES	\$2,369,028	\$3,043,988	\$2,790,285	\$0	\$2,790,285
AMP012 - INFORMATION TECHNOLOGY SERVICES	\$5,671,105	\$6,548,434	\$5,066,119	\$0	\$5,066,119
AMP019 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT	\$2,533,069	\$3,665,044	\$3,669,108	(\$242,247)	\$3,426,861
AMP022 - RECORDS MANAGEMENT	\$686,471	\$815,427	\$807,991	\$0	\$807,991
AMP023 - RESOURCE MANAGEMENT	\$12,729,073	\$14,550,358	\$7,903,008	(\$74,167)	\$7,828,841
TOTAL PROGRAM PARENT L2 FUNDS	\$26,146,136	\$29,441,574	\$21,080,645	(\$316,414)	\$20,764,231
HS0042 - DATA, QUALITY AND COMPLIANCE PROGRAM					
H04201 - ACCOUNTABILITY ADMINISTRATIVE SERVICES	\$236,061	\$117,215	\$225,264	(\$46,227)	\$179,037
H04202 - CERTIFICATION SERVICES	\$1,163,766	\$943,177	\$1,150,645	\$0	\$1,150,645
H04203 - INCIDENT, MANAGEMENT AND INVESTIGATION SERVICES	\$519,707	\$561,097	\$536,194	\$0	\$536,194
H04204 - LICENSURE SERVICES	\$603,488	\$606,246	\$576,868	\$0	\$576,868
H04205 - PROGRAM INTEGRITY SERVICES	\$1,261,532	\$1,183,750	\$354,875	\$0	\$354,875
H04702 - DATA AND PERFORMANCE MEASUREMENT SERVICES	\$1,562,309	\$2,062,300	\$2,386,854	\$0	\$2,386,854
H04703 - STRATEGIC PLANNING AND POLICY SERVICES	\$576,589	\$409,361	\$351,351	\$0	\$351,351
H04704 - TRAINING INSTITUTE SERVICES	\$1,651,832	\$1,197,474	\$989,902	\$0	\$989,902
TOTAL PROGRAM PARENT L2 FUNDS	\$7,575,285	\$7,080,622	\$6,571,953	(\$46,227)	\$6,525,726
HS0043 - ADULT/TRANSITIONAL YOUTH SERVICES PROGRAM					
H04303 - ADULT/TRANSITIONAL YOUTH SERVICES ADMINISTRATIVE SERVICES	\$88,510	\$0	\$0	\$0	\$0
H04309 - IMPLEM OF DRUG TREATMENT CHOICE SERVICES	(\$15,988)	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L2 FUNDS	\$72,522	\$0	\$0	\$0	\$0

Committee on Health
 Fiscal Year 2025 Budget Recommendations

Program Parent L1	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
Department of Behavioral Health					
HS0044 - BEHAVIORAL HEALTH AUTHORITY PROGRAM					
H04402 - CONSUMER AND FAMILY AFFAIRS	\$1,996,907	\$993,354	\$1,018,515	\$0	\$1,018,515
H04403 - EXECUTIVE DIRECTOR	\$2,038,329	\$2,708,261	\$2,609,773	\$0	\$2,609,773
H04404 - LEGAL SERVICES	\$1,049,390	\$1,040,560	\$1,046,625	\$0	\$1,046,625
H04405 - LEGISLATIVE AND PUBLIC SERVICES	\$932,635	\$963,828	\$917,518	\$0	\$917,518
H04406 - OMBUDSMAN	\$293,560	\$302,307	\$401,154	\$0	\$401,154
TOTAL PROGRAM PARENT L2 FUNDS	\$6,310,822	\$6,008,311	\$5,993,584	\$0	\$5,993,584
HS0045 - CHILD/ADOLESCENT/FAMILY SERVICES PROGRAM					
H04501 - BEHAVIORAL SERVICES - HOWARD ROAD	\$0	\$216,507	\$217,385	\$0	\$217,385
H04502 - CHILD/ADOLESCENT/FAMILY SERVICES ADMINISTRATIVE SE	\$290,361	\$0	\$0	\$0	\$0
H04503 - COURT ASSESSMENT SERVICES	\$1,557,064	\$1,630,847	\$1,063,032	\$0	\$1,063,032
H04504 - CRISIS SERVICES	\$989,085	\$1,466,544	\$100,000	\$0	\$100,000
H04505 - EARLY CHILDHOOD SERVICES	\$3,387,559	\$3,896,600	\$3,501,668	(\$75,968)	\$3,425,700
H04506 - EVIDENCE BASED PRACTICES SERVICES	\$1,336,351	\$1,259,287	\$1,258,065	\$0	\$1,258,065
H04507 - MH/SUD BEHAVIORAL HEALTH SERVICES (CHILD & FAMILY)	\$1,942,512	\$1,378,285	\$1,349,674	\$0	\$1,349,674
H04508 - SCHOOL BASED BEHAVIORAL HEALTH SERVICES	\$28,069,439	\$38,339,743	\$28,362,409	(\$593,780)	\$27,768,629
H04509 - SPECIALTY SERVICES	\$899,210	\$1,066,899	\$941,013	\$0	\$941,013
TOTAL PROGRAM PARENT L2 FUNDS	\$38,471,582	\$49,254,713	\$36,793,246	(\$669,748)	\$36,123,498
HS0046 - CLINICAL SERVICES PROGRAM					
H04601 - BEHAVIORAL HEALTH SERVICES	\$207,569	\$115,681	\$490,080	\$0	\$490,080
H04602 - BEHAVIORAL HEALTH SERVICES-PHARMACY	\$478,545	\$202,510	\$202,510	\$0	\$202,510
H04604 - DISASTER BEHAVIORAL HEALTH SERVICES AND SUPPORT S	\$1,314,587	\$0	\$0	\$0	\$0
H04605 - FORENSICS SERVICES	\$4,335,674	\$4,734,130	\$4,102,385	\$0	\$4,102,385
TOTAL PROGRAM PARENT L2 FUNDS	\$6,336,376	\$5,052,321	\$4,794,975	\$0	\$4,794,975
HS0047 - POLICY, PLANNING, AND EVALUATION ADMINISTRATION PROGRAM					
H04701 - BEHAVIORAL HEALTH GRANT OVERSIGHT SERVICES	\$2,300,581	\$2,623,198	\$2,092,987	\$0	\$2,092,987
TOTAL PROGRAM PARENT L2 FUNDS	\$2,300,581	\$2,623,198	\$2,092,987	\$0	\$2,092,987

Committee on Health
 Fiscal Year 2025 Budget Recommendations

Program Parent L1	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
Department of Behavioral Health					
HS0048 - ST. ELIZABETHS HOSPITAL PROGRAM					
H04801 - CLINICAL ADMINISTRATIVE SERVICES	\$11,897,527	\$12,605,564	\$12,833,528	(\$9,044)	\$12,824,484
H04802 - CLINICAL AND MEDICAL SERVICES	\$21,786,123	\$21,153,193	\$22,867,584	(\$27,168)	\$22,840,416
H04803 - ENGINEERING AND MAINTENANCE SERVICES	\$5,615,293	\$4,853,078	\$4,843,077	(\$29,093)	\$4,813,984
H04804 - FISCAL AND SUPPORT SERVICES	\$461,748	\$951,917	\$874,419	\$0	\$874,419
H04805 - HOSPITAL ADMINISTRATIVE SERVICES	\$1,147,716	\$1,180,735	\$5,737,277	(\$46,175)	\$5,691,101
H04806 - HOUSEKEEPING SERVICES	\$3,023,269	\$2,788,853	\$2,659,363	\$0	\$2,659,363
H04807 - MATERIAL MANAGEMENT SERVICES	\$1,307,104	\$1,586,638	\$1,511,558	(\$4,562)	\$1,506,996
H04808 - NURSING SERVICES	\$53,997,718	\$46,290,762	\$50,248,168	\$0	\$50,248,168
H04809 - NUTRITIONAL SERVICES	\$3,391,505	\$4,375,449	\$3,414,479	\$0	\$3,414,479
H04810 - QUALITY AND DATA MANAGEMENT SERVICES	\$1,454,629	\$1,571,602	\$1,575,347	(\$11,275)	\$1,564,072
H04811 - SECURITY AND SAFETY SERVICES	\$5,257,172	\$4,741,694	\$4,941,617	(\$744)	\$4,940,873
H04812 - TRANSPORTATION AND GROUNDS SERVICES	\$675,905	\$667,042	\$632,457	(\$11,226)	\$621,231
TOTAL PROGRAM PARENT L2 FUNDS	\$110,015,709	\$102,766,528	\$112,138,872	(\$139,288)	\$111,999,584
HS0052 - OPIOID ABATEMENT PROGRAM					
H05201 - DIRECTOR AND COMMISSION SUPPORT	\$0	\$548,000	\$14,655,500	\$0	\$14,655,500
TOTAL PROGRAM PARENT L2 FUNDS	\$0	\$548,000	\$14,655,500	\$0	\$14,655,500
HS0053 - CRISIS SERVICES					
H04302 - ACCESS HELPLINE	\$1,729,525	\$2,987,375	\$2,630,514	\$0	\$2,630,514
H04306 - COMMUNITY RESPONSE TEAM	\$8,146,729	\$10,644,554	\$9,982,467	\$0	\$9,982,467
H04603 - COMPREHENSIVE PSYCHIATRIC EMERGENCY SERVICES	\$5,098,748	\$5,174,478	\$7,756,394	(\$18,848)	\$7,737,546
H05301 - CHILD/YOUTH CRISIS & COMMUNITY TRAUMA RESPON	\$0	\$0	\$1,366,544	\$0	\$1,366,544
TOTAL PROGRAM PARENT L2 FUNDS	\$14,975,002	\$18,806,407	\$21,735,920	(\$18,848)	\$21,717,072

Committee on Health
 Fiscal Year 2025 Budget Recommendations

Program Parent L1	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
Department of Behavioral Health					
HS0054 - ADULT SERVICES ADMINISTRATION PROGRAM					
H04301 - 35 K STREET ADULT CLINICAL SERVICES	\$110,595	\$2,783,877	\$2,058,635	\$0	\$2,058,635
H04304 - ASSESSMENT AND REFERRAL CENTER SERVICES	\$1,765,180	\$2,273,267	\$2,393,309	\$0	\$2,393,309
H04305 - CO-LOCATED SERVICES	\$759,341	\$289,175	\$292,557	\$0	\$292,557
H04307 - GAMBLING ADDICTION TREATMENT SERVICES	\$27,540	\$0	\$0	\$0	\$0
H04308 - HOUSING SUPPORT SERVICES	\$27,419,358	\$29,637,309	\$28,987,309	(\$292,980)	\$28,694,329
H04310 - MENTAL HEALTH AND REHAB SERVICES	\$63,209,155	\$65,255,442	\$20,213,562	\$0	\$20,213,562
H04311 - MH/SUD BEHAVIORAL HEALTH SERVICES (ADULT)	\$15,827,069	\$15,418,371	\$14,338,644	\$1,250,000	\$15,588,644
H04312 - PROVIDER RELATIONS SERVICES	\$953,455	\$1,252,045	\$1,152,206	\$0	\$1,152,206
H04313 - RESIDENTIAL SUPPORT AND CONTINUITY OF CARE SERVICE	\$614,491	\$582,907	\$599,614	\$0	\$599,614
H04314 - SPECIALTY SERVICES	\$7,060,175	\$7,416,635	\$5,514,618	\$0	\$5,514,618
H04315 - SUBSTANCE USE DISORDER TREATMENT SERVICES	\$1,192,931	\$1,267,195	\$1,197,609	\$0	\$1,197,609
H04316 - STATE OPIOID RESPONSE PROGRAM	\$25,404,622	\$29,847,071	\$36,014,647	\$0	\$36,014,647
H04317 - BEHAVIORAL HEALTH REHABILITATION - LOCAL MATCH	\$0	\$0	\$44,638,076	\$0	\$44,638,076
TOTAL PROGRAM PARENT L2 FUNDS	\$144,343,913	\$156,023,292	\$157,400,787	\$957,020	\$158,357,807
TOTAL AGENCY FUNDS	\$358,176,811	\$380,100,036	\$385,536,240	(\$233,506)	\$385,302,734
Department of Health					
AFO000 - AGENCY FINANCIAL OPERATIONS					
AFO002 - AGENCY ACCOUNTING SERVICES	\$1,054,412	\$1,329,845	\$1,277,475	\$0	\$1,277,475
AFO003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICE	\$1,124,210	\$1,272,746	\$1,315,053	(\$2,000)	\$1,313,053
AFO005 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION	\$751,491	\$869,005	\$857,559	\$0	\$857,559
TOTAL PROGRAM PARENT L2 FUNDS	\$2,930,113	\$3,471,596	\$3,450,087	(\$2,000)	\$3,448,087

Committee on Health
 Fiscal Year 2025 Budget Recommendations

Program Parent L1	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
Department of Health					
AMP000 - AGENCY MANAGEMENT PROGRAM					
AMP003 - COMMUNICATIONS	\$822,057	\$1,056,599	\$1,441,580	\$0	\$1,441,580
AMP005 - CONTRACTING AND PROCUREMENT	\$870,607	\$785,676	\$1,261,399	\$0	\$1,261,399
AMP011 - HUMAN RESOURCE SERVICES	\$1,386,869	\$1,742,355	\$2,060,721	\$0	\$2,060,721
AMP012 - INFORMATION TECHNOLOGY SERVICES	\$6,405,450	\$4,165,806	\$8,070,145	\$0	\$8,070,145
AMP013 - LABOR RELATIONS	\$115,021	\$180,829	\$170,800	\$0	\$170,800
AMP014 - LEGAL SERVICES	\$2,293,932	\$2,716,132	\$2,702,454	\$0	\$2,702,454
AMP019 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT	\$16,404,285	\$19,639,133	\$16,991,359	\$0	\$16,991,359
AMP024 - RISK MANAGEMENT	\$125,012	\$132,064	\$132,119	\$0	\$132,119
AMP030 - EXECUTIVE ADMINISTRATION	\$4,242,384	\$1,700,763	\$1,708,472	(\$3,556)	\$1,704,916
TOTAL PROGRAM PARENT L2 FUNDS	\$32,665,616	\$32,119,357	\$34,539,050	(\$3,556)	\$34,535,493
HS0004 - COMMUNITY HEALTH SERVICES					
H00401 - CANCER AND CHRONIC DISEASE PREVENTION	\$11,384,446	\$9,710,496	\$10,702,362	\$771,160	\$11,473,522
H00403 - COMMUNITY OF HEALTH SUPPORT SERVICES	\$7,367,002	\$9,481,382	\$9,136,206	(\$17,720)	\$9,118,486
H00405 - FAMILY HEALTH	\$41,757,053	\$39,868,174	\$39,722,688	\$2,155,206	\$41,877,894
H00406 - HEALTH CARE ACCESS	\$20,090,982	\$9,589,010	\$10,278,374	\$0	\$10,278,374
H00407 - NUTRITION AND PHYSICAL FITNESS	\$22,255,563	\$22,474,173	\$22,523,173	\$720,000	\$23,243,173
H00408 - PERINATAL AND INFANT HEALTH	\$166,744	\$326,381	\$334,864	\$0	\$334,864
H00409 - PCPA SUPPORT SERVICES	\$98,187	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L2 FUNDS	\$103,119,976	\$91,449,616	\$92,697,666	\$3,628,646	\$96,326,312
HS0006 - FOOD, DRUG, RADIATION AND COMMUNITY HYGIENE PROGRAM					
H00601 - FOOD, DRUG, RADIATION, AND COMMUNITY HYGIENE	\$14,548,361	\$14,128,003	\$14,032,978	(\$25,550)	\$14,007,428
TOTAL PROGRAM PARENT L2 FUNDS	\$14,548,361	\$14,128,003	\$14,032,978	(\$25,550)	\$14,007,428
HS0007 - HEALTH EQUITY SERVICES					
H00701 - COMMUNITY BASED PARTNERSHIP, RESEARCH AND POLICY	\$43,031	\$231,663	\$254,888	\$0	\$254,888
H00702 - HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION	\$125,182	\$102,390	\$12,333	\$0	\$12,333
H00703 - MULTI SECTOR COLLABORATION	\$478,091	\$567,539	\$695,024	\$0	\$695,024
TOTAL PROGRAM PARENT L2 FUNDS	\$646,304	\$901,593	\$962,245	\$0	\$962,245

Committee on Health
 Fiscal Year 2025 Budget Recommendations

Agency Operating Budget by Program Parent L2 and Parent L1						
Program Parent L1	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation	
Department of Health						
HS0008 - HIV/AIDS, HEPATITIS, STD, AND TB PREVENTION						
H00801 - DIRECT CARE SERVICES FOR TUBERCULOSIS	\$2,058,048	\$1,751,308	\$1,987,553	\$0	\$1,987,553	
H00802 - DRUG ASSISTANCE	\$12,123,755	\$9,081,291	\$10,782,274	\$0	\$10,782,274	
H00803 - GRANTS AND CONTRACTS MANAGEMENT	\$1,591,651	\$1,918,229	\$1,639,108	\$0	\$1,639,108	
H00804 - HIV HEALTH AND SUPPORT SERVICES	\$36,937,310	\$39,975,052	\$38,221,847	\$0	\$38,221,847	
H00805 - HIV/AIDS DATA AND RESEARCH	\$2,037,954	\$4,165,821	\$3,991,618	\$0	\$3,991,618	
H00806 - HIV/AIDS HOUSING AND SUPPORTIVE SERVICES	\$11,863,045	\$13,664,395	\$13,980,418	\$0	\$13,980,418	
H00807 - HIV/AIDS POLICY AND PLANNING	\$4,008,263	\$5,477,633	\$6,126,224	\$0	\$6,126,224	
H00808 - PREVENTION AND INTERVENTION SERVICES	\$11,238,316	\$11,099,079	\$11,834,332	\$500,000	\$12,334,332	
H00809 - STD CONTROL	\$3,485,957	\$3,191,638	\$3,168,803	\$0	\$3,168,803	
TOTAL PROGRAM PARENT L2 FUNDS	\$85,344,298	\$90,324,448	\$91,732,178	\$500,000	\$92,232,178	
HS0009 - MEDICAL AND PUBLIC HEALTH EMERGENCIES						
H00902 - PUBLIC HEALTH EMERGENCY OPERATIONS AND PROGRAM	\$7,572,780	\$4,381,480	\$4,799,908	\$0	\$4,799,908	
H00903 - PUBLIC HEALTH EMERGENCY PREPAREDNESS	\$2,023,169	\$1,502,138	\$1,481,355	\$0	\$1,481,355	
TOTAL PROGRAM PARENT L2 FUNDS	\$9,595,949	\$5,883,618	\$6,281,263	\$0	\$6,281,263	
HS0011 - OFFICE OF HEALTH CARE FACILITIES						
H01101 - HEALTH CARE FACILITIES REGULATION	\$6,217,104	\$8,215,422	\$7,372,921	\$0	\$7,372,921	
TOTAL PROGRAM PARENT L2 FUNDS	\$6,217,104	\$8,215,422	\$7,372,921	\$0	\$7,372,921	
HS0012 - PROFESSIONAL LICENSING						
H01201 - HEALTH LICENSING	\$13,808,084	\$11,853,378	\$12,599,294	\$0	\$12,599,294	
TOTAL PROGRAM PARENT L2 FUNDS	\$13,808,084	\$11,853,378	\$12,599,294	\$0	\$12,599,294	
HS0013 - REGULATORY OVERSIGHT OF EMERGENCY MEDICAL SERVICES						
H01301 - EMERGENCY MEDICAL SERVICES REGULATION	\$106,421	\$201,301	\$135,479	\$167,541	\$303,020	
TOTAL PROGRAM PARENT L2 FUNDS	\$106,421	\$201,301	\$135,479	\$167,541	\$303,020	
HS0014 - RESEARCH EVALUATION AND MEASUREMENT						
H01401 - EPIDEMIOLOGIC STUDIES AND OUTBREAK INVESTIGATION	\$6,971,445	\$7,737,812	\$3,314,419	\$0	\$3,314,419	
TOTAL PROGRAM PARENT L2 FUNDS	\$6,971,445	\$7,737,812	\$3,314,419	\$0	\$3,314,419	
HS0015 - STATE HEALTH PLANNING AND DEVELOPMENT						
H01501 - DEVELOPMENT OF THE STATE HEALTH PLAN AND ANNUAL I	\$1,457,705	\$1,582,930	\$1,795,798	\$0	\$1,795,798	
TOTAL PROGRAM PARENT L2 FUNDS	\$1,457,705	\$1,582,930	\$1,795,798	\$0	\$1,795,798	

Committee on Health
Fiscal Year 2025 Budget Recommendations

Program Parent L1	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
Department of Health					
HS0016 - STATE HEALTH STATISTICS					
H01601 - BIRTH AND DEATH RECORD COLLECTION, PROCESSING, A	\$11,278,368	\$24,259,532	\$35,915,620	\$0	\$35,915,620
TOTAL PROGRAM PARENT L2 FUNDS	\$11,278,368	\$24,259,532	\$35,915,620	\$0	\$35,915,620
PRG000 - NO PROGRAM					
PRG001 - NO PROGRAM	\$6,800	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L2 FUNDS	\$6,800	\$0	\$0	\$0	\$0
TOTAL AGENCY FUNDS	\$288,696,544	\$292,128,607	\$304,828,997	\$4,265,081	\$309,094,078
Department of Health Care Finance					
AFO000 - AGENCY FINANCIAL OPERATIONS					
AFO002 - AGENCY ACCOUNTING SERVICES	\$3,353,048	\$7,133,253	\$7,249,272	\$0	\$7,249,272
AFO003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVIC	\$589,362	\$740,233	\$835,970	\$0	\$835,970
AFO005 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION	\$326,499	\$356,386	\$368,559	\$0	\$368,559
AFO010 - PAYROLL DEFAULT	\$0	\$0	\$0	\$0	\$0
AFO011 - P-CARD CLEARING	\$637	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L2 FUNDS	\$4,269,546	\$8,229,872	\$8,453,801	\$0	\$8,453,801
AMP000 - AGENCY MANAGEMENT PROGRAM					
AMP003 - COMMUNICATIONS	\$649,379	\$1,855,551	\$36,000	\$0	\$36,000
AMP005 - CONTRACTING AND PROCUREMENT	\$1,960,062	\$1,875,735	\$2,076,000	\$0	\$2,076,000
AMP006 - CUSTOMER SERVICE	\$3,143,763	\$4,700,046	\$0	\$0	\$0
AMP010 - GRANTS ADMINISTRATION	\$10,824,067	\$1,857,541	\$0	\$0	\$0
AMP011 - HUMAN RESOURCE SERVICES	\$1,044,114	\$2,047,874	\$1,514,471	\$0	\$1,514,471
AMP012 - INFORMATION TECHNOLOGY SERVICES	\$5,537,551	\$11,944,268	\$12,997,403	(\$757,043)	\$12,240,360
AMP014 - LEGAL SERVICES	\$1,220,335	\$1,633,025	\$1,470,759	\$0	\$1,470,759
AMP019 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT	\$2,750,902	\$11,770,256	\$4,024,851	\$0	\$4,024,851
AMP021 - RATES, REIMBURSEMENT, FINANCIAL ANALYSIS	\$3,406,849	\$5,084,658	\$0	\$0	\$0
AMP026 - TRAINING AND DEVELOPMENT	\$1,040,455	\$16,809	\$0	\$0	\$0
AMP030 - EXECUTIVE ADMINISTRATION	\$1,225,519	\$1,409,438	\$1,445,209	\$0	\$1,445,209
AMP037 - SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR	\$0	\$0	\$4,418,885	(\$310,694)	\$4,108,191
AMP038 - SENIOR DEPUTY DIRECTOR/FINANCE	\$0	\$0	\$6,405,395	(\$10,553)	\$6,394,842
AMP039 - CHIEF OPERATING OFFICE	\$0	\$0	\$2,615,172	(\$256,423)	\$2,358,750
AMP040 - DATA ANALYTICS AND RESEARCH ADMINISTRATION	\$0	\$0	\$2,089,445	(\$10,150)	\$2,079,295
AMP041 - PROGRAM INTEGRITY	\$0	\$0	\$4,770,656	(\$16,367)	\$4,754,289
AMP042 - HEALTH CARE OMBUDSMAN	\$0	\$0	\$4,957,285	\$0	\$4,957,285
TOTAL PROGRAM PARENT L2 FUNDS	\$32,802,996	\$44,195,203	\$48,821,532	(\$1,361,230)	\$47,460,302

Committee on Health
 Fiscal Year 2025 Budget Recommendations

Program Parent L1	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025		Committee's FY 2025 Recommendation
			Proposed	Committee Variance	
Department of Health Care Finance					
AMP066 - HEALTH CARE DELIVERY MANAGEMENT					
AMP043 - HEALTH CARE DELIVERY MGT SUPPORT SVCS	\$0	\$0	\$1,445,848	(\$2,351)	\$1,443,498
AMP044 - MANAGED CARE MGT	\$0	\$0	\$9,885,450	(\$300,000)	\$9,585,450
AMP045 - CHILDREN'S HEALTH SERVICES	\$0	\$0	\$1,291,675	\$0	\$1,291,675
AMP046 - HEALTH CARE QUALITY AND HEALTH OUTCOMES	\$0	\$0	\$2,948,407	\$0	\$2,948,407
AMP047 - CLINICIANS, RX AND ACUTE CARE	\$0	\$0	\$8,363,600	\$1,201,921	\$9,565,521
TOTAL PROGRAM PARENT L2 FUNDS	\$0	\$0	\$23,934,980	\$899,570	\$24,834,551
AMP067 - LONG TERM CARE PROGRAM					
AMP048 - LONG TERM CARE SUPPORT SERVICES	\$0	\$0	\$866,068	(\$6,660)	\$859,408
AMP049 - OVERSIGHT	\$0	\$0	\$2,100,082	\$0	\$2,100,082
AMP050 - OPERATIONS	\$0	\$0	\$12,557,880	(\$135,000)	\$12,422,880
AMP051 - INTAKE AND ASSESSMENT	\$0	\$0	\$9,775,936	\$0	\$9,775,936
TOTAL PROGRAM PARENT L2 FUNDS	\$0	\$0	\$25,299,966	(\$141,660)	\$25,158,306
AMP068 - HEALTH CARE POLICY AND RESEARCH					
AMP052 - HEALTH CARE POLICY	\$0	\$0	\$1,004,024	\$0	\$1,004,024
AMP053 - HEALTH CARE POLICY AND RESEARCH SUPPORT SERVICES	\$0	\$0	\$1,957,327	(\$352,415)	\$1,604,912
AMP054 - ELIGIBILITY POLICY & OVERSIGHT	\$0	\$0	\$3,978,628	\$0	\$3,978,628
TOTAL PROGRAM PARENT L2 FUNDS	\$0	\$0	\$6,939,980	(\$352,415)	\$6,587,565
AMP069 - DC ACCESS SYSTEM					
AMP055 - DCAS PROGRAM MANAGEMENT	\$0	\$0	\$1,807,361	(\$209,776)	\$1,597,585
AMP056 - DCAS PROJECT MANAGEMENT	\$0	\$0	\$4,350,037	(\$22,281)	\$4,327,756
AMP057 - DCAS HHS FUNCTIONAL	\$0	\$0	\$814,115	\$0	\$814,115
AMP058 - DCAS ORGANIZATIONAL CHANGE MANAGEMENT	\$0	\$0	\$13,202,557	\$0	\$13,202,557
AMP059 - DCAS INFORMATION TECHNOLOGY	\$0	\$0	\$57,293,250	\$1,219,517	\$58,512,767
TOTAL PROGRAM PARENT L2 FUNDS	\$0	\$0	\$77,467,320	\$987,460	\$78,454,780
AMP070 - HEALTH CARE OPERATIONS					
AMP060 - CLAIMS MANAGEMENT	\$0	\$0	\$59,722,222	\$0	\$59,722,222
AMP061 - HCOA SUPPORT SERVICES	\$0	\$0	\$454,445	\$0	\$454,445
AMP062 - PUBLIC AND PRIVATE PROVIDER SERVICES	\$0	\$0	\$3,664,604	\$0	\$3,664,604
TOTAL PROGRAM PARENT L2 FUNDS	\$0	\$0	\$63,841,271	\$0	\$63,841,271

Committee on Health
 Fiscal Year 2025 Budget Recommendations

Program Parent L1	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
Department of Health Care Finance					
AMP071 - HEALTH CARE REFORM AND INNOVATION					
AMP063 - HC REFORM AND INNOVATIVE SUPPORT SVS	\$0	\$0	\$454,012	\$0	\$454,012
AMP064 - GRANTS ADMINISTRATION FUNCTION	\$0	\$0	\$5,921,060	\$100,000	\$6,021,060
AMP065 - HIE: HEALTH INFORMATION EXCHANGE	\$0	\$0	\$11,321,423	\$0	\$11,321,423
TOTAL PROGRAM PARENT L2 FUNDS	\$0	\$0	\$17,696,495	\$100,000	\$17,796,495
HS0023 - ELIGIBILITY & ENROLLMENT					
H02301 - E & E SYSTEMS	\$40,471,460	\$53,190,564	\$98,671	\$0	\$98,671
H02302 - E&E OVERSIGHT & MANAGEMENT	\$786,962	\$1,301,808	\$0	\$0	\$0
H02305 - E&E SUPPORT - PMO/SME - DCAS	\$14,766,622	\$23,992,806	\$0	\$0	\$0
TOTAL PROGRAM PARENT L2 FUNDS	\$56,025,043	\$78,485,178	\$98,671	\$0	\$98,671
HS0024 - HEALTH CARE ANALYTICS					
H02401 - HEALTH CARE AGENCY MONITORING AND KPIS	\$1,200,031	\$2,173,055	\$0	\$0	\$0
H02402 - HEALTH CARE DATA ANALYTICS	\$1,164,399	\$2,350,527	\$0	\$0	\$0
H02403 - HEALTH CARE INNOVATION	\$9,550,927	\$9,859,596	\$0	\$0	\$0
TOTAL PROGRAM PARENT L2 FUNDS	\$11,915,358	\$14,383,179	\$0	\$0	\$0
HS0025 - MMIS SYSTEM AND INFRASTRUCTURE					
H02501 - CLAIMS PROCESSING & QUALITY ASSURANCE/CONTROL	\$43,855,271	\$51,481,198	\$0	\$0	\$0
TOTAL PROGRAM PARENT L2 FUNDS	\$43,855,271	\$51,481,198	\$0	\$0	\$0
HS0026 - PROGRAM OVERSIGHT					
H02601 - ASSESSMENTS AND CARE COORDINATION	\$972,146	\$1,133,956	\$0	\$0	\$0
H02602 - FRAUD, WASTE, AND ABUSE	\$3,494,872	\$3,986,654	\$0	\$0	\$0
H02603 - POLICY	\$2,784,417	\$5,455,721	\$0	\$0	\$0
H02604 - PROVIDER OVERSIGHT	\$38,840,732	\$51,946,617	\$2,125,000	\$0	\$2,125,000
H02605 - QUALITY & HEALTH OUTCOMES	\$3,163,423	\$4,731,601	\$500,827	\$0	\$500,827
TOTAL PROGRAM PARENT L2 FUNDS	\$49,255,589	\$67,254,548	\$2,625,827	\$0	\$2,625,827

Committee on Health
Fiscal Year 2025 Budget Recommendations

Program Parent L1	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
Department of Health Care Finance					
HS0027 - PROVIDER SERVICES					
H02703 - 1115/1915 - MEDICAID	\$456,081,846	\$422,481,022	\$439,257,068	\$0	\$439,257,068
H02704 - FFS - CHILDLESS ADULTS (GROUP 8)	\$8,829,284	\$43,574,114	\$49,225,265	\$0	\$49,225,265
H02705 - FFS - CHIP	\$7,000,970	\$10,171,550	\$8,565,942	\$0	\$8,565,942
H02706 - FFS - MEDICAID	\$1,345,709,365	\$1,326,335,113	\$1,221,596,634	\$0	\$1,221,596,634
H02707 - MCO - ALLIANCE	\$111,194,270	\$118,327,853	\$132,493,843	\$150,259	\$132,644,102
H02708 - MCO - CHILDLESS ADULTS (GROUP 8)	\$770,921,572	\$668,545,729	\$932,119,710	(\$1,141,071)	\$930,978,639
H02709 - MCO - CHIP	\$52,093,788	\$94,379,291	\$72,535,053	(\$3,785)	\$72,531,268
H02710 - MCO - IMMIGRANT CHILDREN	\$15,118,596	\$10,491,795	\$18,270,916	(\$29,121)	\$18,241,795
H02711 - MCO - MEDICAID	\$1,248,648,704	\$1,201,967,187	\$1,526,896,949	(\$1,208,812)	\$1,525,688,138
H02712 - MCO - WAIVER	\$146,010,822	\$143,269,843	\$187,300,552	\$0	\$187,300,552
H02713 - HCBS ARPA INITIATIVE	\$82,824,946	\$491,050	\$224,775	\$0	\$224,775
TOTAL PROGRAM PARENT L2 FUNDS	\$4,244,434,162	\$4,040,034,548	\$4,588,486,708	(\$2,232,529)	\$4,586,254,178
TOTAL AGENCY FUNDS	\$4,442,557,965	\$4,304,063,725	\$4,863,666,552	(\$2,100,804)	\$4,861,565,747
Health Benefit Exchange Authority					
AFO000 - AGENCY FINANCIAL OPERATIONS					
AFO002 - AGENCY ACCOUNTING SERVICES	\$136,302	\$207,584	\$161,150	\$0	\$161,150
AFO003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES	\$208,124	\$207,584	\$206,407	\$0	\$206,407
AFO005 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION	\$350,239	\$413,879	\$412,483	\$0	\$412,483
AFO011 - P-CARD CLEARING	\$3,806	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L2 FUNDS	\$698,471	\$829,047	\$780,040	\$0	\$780,040
AMP000 - AGENCY MANAGEMENT PROGRAM					
AMP005 - CONTRACTING AND PROCUREMENT	\$691,214	\$651,920	\$678,608	\$0	\$678,608
AMP011 - HUMAN RESOURCE SERVICES	\$353,898	\$377,369	\$386,089	\$0	\$386,089
AMP012 - INFORMATION TECHNOLOGY SERVICES	\$17,636,357	\$13,384,283	\$14,141,599	\$0	\$14,141,599
AMP014 - LEGAL SERVICES	\$1,071,716	\$1,278,375	\$1,303,422	\$0	\$1,303,422
AMP016 - PERFORMANCE AND STRATEGIC MANAGEMENT	\$5,648,657	\$2,392,033	\$2,573,589	\$0	\$2,573,589
AMP019 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT	\$1,315,943	\$1,506,499	\$1,492,410	\$0	\$1,492,410
TOTAL PROGRAM PARENT L2 FUNDS	\$26,717,786	\$19,590,478	\$20,575,716	\$0	\$20,575,716

Committee on Health
 Fiscal Year 2025 Budget Recommendations

Program Parent L1	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
Health Benefit Exchange Authority					
HS0019 - CONSUMER EDUCATION AND OUTREACH PROGRAM					
H01901 - CONSUMER EDUCATION AND OUTREACH SUPPORT SERVIC	\$1,143,862	\$1,340,759	\$1,353,335	\$0	\$1,353,335
H01902 - MARKETING AND COMMUNICATION	\$927,936	\$972,946	\$963,451	\$0	\$963,451
H01903 - NAVIGATORS, CERTIFIED APPLICATION COUNSELORS AND	\$962,820	\$1,050,000	\$1,050,000	\$0	\$1,050,000
TOTAL PROGRAM PARENT L2 FUNDS	\$3,034,617	\$3,363,705	\$3,366,786	\$0	\$3,366,786
HS0020 - MARKETPLACE INNOVATION, POLICY AND OPERATIONS					
H02001 - CONTACT CENTER SERVICES	\$4,087,031	\$3,906,947	\$6,156,717	\$0	\$6,156,717
H02002 - DATA ANALYTICS AND REPORTING	\$106,891	\$182,253	\$181,932	\$0	\$181,932
H02003 - ELIGIBILITY AND ENROLLMENT	\$1,274,035	\$1,785,931	\$1,950,590	\$0	\$1,950,590
H02004 - MEMBER SERVICES	\$6,532,352	\$1,977,168	\$2,119,831	\$0	\$2,119,831
H02005 - PLAN MANAGEMENT	\$1,890,079	\$2,235,723	\$2,215,018	\$0	\$2,215,018
H02006 - S.H.O.P.	\$3,220,453	\$3,680,894	\$4,406,154	\$0	\$4,406,154
TOTAL PROGRAM PARENT L2 FUNDS	\$17,110,841	\$13,768,917	\$17,030,242	\$0	\$17,030,242
TOTAL AGENCY FUNDS	\$47,557,909	\$37,552,148	\$41,752,784	\$0	\$41,752,784
Not-for-Profit Hospital Corporation					
CO0020 - CFO OPERATIONS					
C02001 - NOT FOR PROFIT HOSPITAL CORP SUBSIDY	\$0	\$155,000,000	\$155,000,000	\$0	\$155,000,000
TOTAL PROGRAM PARENT L2 FUNDS	\$0	\$155,000,000	\$155,000,000	\$0	\$155,000,000
TOTAL AGENCY FUNDS	\$0	\$155,000,000	\$155,000,000	\$0	\$155,000,000
Not-for-Profit Hospital Corporation Subsidy					
CO0021 - CFO OPERATIONS					
C02101 - NOT FOR PROFIT HOSPITAL CORP SUBSIDY FUNDING	\$22,000,000	\$15,000,000	\$25,200,000	\$0	\$25,200,000
TOTAL PROGRAM PARENT L2 FUNDS	\$22,000,000	\$15,000,000	\$25,200,000	\$0	\$25,200,000
TOTAL AGENCY FUNDS	\$22,000,000	\$15,000,000	\$25,200,000	\$0	\$25,200,000

Committee on Health
 Fiscal Year 2025 Budget Recommendations

Program Parent L1	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
Office of the Deputy Mayor for Health and Human Services					
AMP000 - AGENCY MANAGEMENT PROGRAM					
AMP030 - EXECUTIVE ADMINISTRATION	\$1,856,314	\$2,071,890	\$2,175,904	(\$29,368)	\$2,146,536
TOTAL PROGRAM PARENT L2 FUNDS	\$1,856,314	\$2,071,890	\$2,175,904	(\$29,368)	\$2,146,536
HS0017 - HUMAN SUPPORT OPERATIONS					
H01701 - AGENCY OVERSIGHT AND SUPPORT SERVICES	\$117,020	\$405,671	\$304,583	\$0	\$304,583
H01702 - COMMUNITY ENGAGEMENT SERVICES	\$71,577	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L2 FUNDS	\$188,597	\$405,671	\$304,583	\$0	\$304,583
TOTAL AGENCY FUNDS	\$2,044,911	\$2,477,561	\$2,480,487	(\$29,368)	\$2,451,119
GRAND TOTAL	\$5,161,034,141	\$5,186,322,077	\$5,778,465,060	\$1,901,402	\$5,780,366,462

See Attachment C for a table detailing recommended agency budgets and full-time equivalents at the Program level.

Committee on Health
Fiscal Year 2025 Budget Recommendations

Fiscal Year 2025 Agency Operating Budget by Fund Type

DIFS Appropriated Fund	DIFS Fund	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
Department of Behavioral Health						
1011 - DEDICATED TAXES	1011012 - GAMBLING ADDICTION TREATMENT & RESEARCH	\$27,540	\$0	\$0	\$0	\$0
4020 - FEDERAL GRANT FUND - FPR	4020002 - FEDERAL GRANTS	\$37,665,294	\$42,461,978	\$48,705,424	\$0	\$48,705,424
4020 - FEDERAL GRANT FUND - FPR	4020023 - FEDERAL GRANTS - COVID-19	\$2,081,684	\$1,100,000	\$1,578,560	\$0	\$1,578,560
4020 - FEDERAL GRANT FUND - FPR	4020999 - MEDICAID PUBLIC PROVIDER RECOVERY GRANT	\$0	\$10,963,387	\$16,191,464	\$0	\$16,191,464
4025 - FEDERAL MEDICAID PAYMENTS	4025002 - FEDERAL MEDICAID PAYMENTS	\$2,650,500	\$3,316,674	\$4,257,265	\$0	\$4,257,265
4015 - FEDERAL PAYMENTS	4015917 - ARPA - COUNTY	\$632,238	\$1,148,000	\$0	\$0	\$0
4015 - FEDERAL PAYMENTS	4015918 - ARPA - MUNICIPAL	\$4,027,878	\$6,303,314	\$0	\$0	\$0
4015 - FEDERAL PAYMENTS	4015916 - ARPA - STATE	\$1,479,376	\$2,162,278	\$0	\$0	\$0
1010 - LOCAL FUND	1010001 - LOCAL FUNDS	\$309,128,825	\$308,738,582	\$295,785,027	(\$233,506)	\$295,551,522
4045 - PRIVATE DONATIONS -FPR	4045001 - PRIVATE DONATIONS	\$1,927	\$93,000	\$93,000	\$0	\$93,000
4040 - PRIVATE GRANT FUND -FPR	4040002 - PRIVATE GRANT FUND	\$123,827	\$255,000	\$295,000	\$0	\$295,000
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060123 - AGREEMENT WITH INDEPENDENT AGENCIES	\$0	\$50,000	\$50,000	\$0	\$50,000
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060148 - DMH ENTERPRISE FUND	\$0	\$25,000	\$25,000	\$0	\$25,000
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060070 - DMH FEDERAL BENEFICIARY REIMBURSEMENT	\$0	\$2,200,191	\$1,000,000	\$0	\$1,000,000
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060145 - DMH MEDICARE & 3RD PARTY REIMBURSEMENT	\$357,723	\$734,632	\$2,900,000	\$0	\$2,900,000
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060418 - OPIOID ABATEMENT FUND	\$0	\$548,000	\$14,655,500	\$0	\$14,655,500
TOTAL GROSS FUNDS		\$358,176,811	\$380,100,036	\$385,536,240	(\$233,506)	\$385,302,734
Department of Health						
4020 - FEDERAL GRANT FUND - FPR	4020002 - FEDERAL GRANTS	\$137,988,072	\$147,120,193	\$159,886,840	\$0	\$159,886,840
4020 - FEDERAL GRANT FUND - FPR	4020023 - FEDERAL GRANTS - COVID-19	\$22,071,126	\$25,590,560	\$27,658,044	\$0	\$27,658,044
4020 - FEDERAL GRANT FUND - FPR	4020027 - PUBLIC HEALTH CRISIS RESPONSE	\$2,311,807	\$1,088,624	\$0	\$0	\$0
4015 - FEDERAL PAYMENTS	4015110 - FEDERAL PAYMENTS - INTERNAL	\$3,545,819	\$5,000,000	\$5,000,000	\$0	\$5,000,000
1010 - LOCAL FUND	1010190 - ARPA - LOCAL REVENUE REPLACEMENT	\$3,192,339	\$0	\$0	\$0	\$0
1010 - LOCAL FUND	1010096 - HEALTH PROFESSIONAL RECRUITMENT FUND	\$98,187	\$0	\$0	\$0	\$0
1010 - LOCAL FUND	1010001 - LOCAL FUNDS	\$96,388,902	\$91,020,261	\$87,129,521	\$4,265,081	\$91,394,602
4040 - PRIVATE GRANT FUND -FPR	4040002 - PRIVATE GRANT FUND	\$168,708	\$0	\$749,759	\$0	\$749,759
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060151 - BOARD OF MEDICINE	\$14,534,216	\$12,081,993	\$12,891,295	\$0	\$12,891,295
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060188 - COMMUNICABLE AND CHRONIC DISEASE	\$2,591,030	\$3,234,572	\$4,114,081	\$0	\$4,114,081
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060168 - EMS FEES	\$106,674	\$213,130	\$147,279	\$0	\$147,279
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060171 - ICF / MR FEES & FINES	\$195,410	\$178,971	\$178,971	\$0	\$178,971
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060133 - PHARMACY PROTECTION	\$1,779,420	\$2,263,850	\$2,312,201	\$0	\$2,312,201
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060136 - RADIATION PROTECTION	\$0	\$145,802	\$150,782	\$0	\$150,782
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060166 - SHPDA ADMISSION FEE	\$558,260	\$519,881	\$531,079	\$0	\$531,079
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060050 - SHPDA FEES	\$858,813	\$1,059,329	\$1,264,719	\$0	\$1,264,719
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060053 - VITAL RECORDS REVENUE	\$2,307,762	\$2,611,442	\$2,814,426	\$0	\$2,814,426
TOTAL GROSS FUNDS		\$288,696,544	\$292,128,607	\$304,828,997	\$4,265,081	\$309,094,078

Committee on Health
Fiscal Year 2025 Budget Recommendations

DIFS Appropriated Fund	DIFS Fund	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
Department of Health Care Finance						
1011 - DEDICATED TAXES	1011011 - DC PROVIDER FEE	\$0	\$5,310,255	\$5,532,061	\$0	\$5,532,061
1011 - DEDICATED TAXES	1011007 - HEALTHY DC FUND	\$66,752,894	\$78,475,094	\$74,690,002	\$0	\$74,690,002
1011 - DEDICATED TAXES	1011010 - HOSPITAL ASSESSMENT TAX	\$8,454,037	\$8,454,037	\$8,454,037	\$0	\$8,454,037
1011 - DEDICATED TAXES	1011018 - INPATIENT HOSPITAL DIRECTED PAYMENTS PROVID	\$0	\$0	\$81,163,742	(\$814,563)	\$80,349,179
1011 - DEDICATED TAXES	1011003 - NURSING HOMES QUALITY OF CARE FUND	\$15,731,021	\$16,659,004	\$18,633,354	\$0	\$18,633,354
1011 - DEDICATED TAXES	1011019 - OUTPATIENT HOSPITAL DIRECTED PAYMENTS PROV	\$0	\$0	\$46,397,805	(\$466,049)	\$45,931,756
1011 - DEDICATED TAXES	1011009 - STEVIE SELLOW'S	\$5,682,850	\$5,637,568	\$5,538,639	\$0	\$5,538,639
4020 - FEDERAL GRANT FUND - FPR	4020002 - FEDERAL GRANTS	\$4,007,091	\$4,550,493	\$5,136,131	\$0	\$5,136,131
4025 - FEDERAL MEDICAID PAYMENTS	4025002 - FEDERAL MEDICAID PAYMENTS	\$3,389,502,049	\$3,187,761,854	\$3,567,190,111	(\$973,519)	\$3,566,216,592
1010 - LOCAL FUND	1010207 - LOCAL ARPA - MUNICIPAL	\$1,877,752	\$0	\$0	\$0	\$0
1010 - LOCAL FUND	1010001 - LOCAL FUNDS	\$914,710,009	\$988,309,875	\$1,043,922,407	\$153,327	\$1,044,075,734
1010 - LOCAL FUND	1010208 - THE MEDICAID HCBS ENHANCEMENT FUND	\$33,263,660	\$0	\$0	\$0	\$0
4040 - PRIVATE GRANT FUND -FPR	4040002 - PRIVATE GRANT FUND	\$0	\$100,000	\$0	\$0	\$0
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060132 - BILL OF RIGHTS-(GRIEVANCE & APPEALS)	\$1,603,851	\$2,622,988	\$2,613,415	\$0	\$2,613,415
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060386 - INDIVIDUAL INSUR MKT AFFORD & STABILITY	\$0	\$600,000	\$600,000	\$0	\$600,000
1060 - SPECIAL PURPOSE REVENUE FUNDS	1060128 - MEDICAID COLLECTIONS-3RD PARTY LIABILITY	\$972,751	\$5,582,557	\$3,794,846	\$0	\$3,794,846
TOTAL GROSS FUNDS		\$4,442,557,965	\$4,304,063,725	\$4,863,666,552	(\$2,100,804)	\$4,861,565,747
Health Benefit Exchange Authority						
8362 - ENTERPRISE AND OTHER FUNDS - HBX	8362005 - HBX LEVEL 1 FUND - ACA GRANT	\$160,323	\$0	\$0	\$0	\$0
8362 - ENTERPRISE AND OTHER FUNDS - HBX	8362003 - HEALTH BENEFIT EXCHANGE AUTHORITY FUND	\$39,208,096	\$37,552,148	\$41,752,784	\$0	\$41,752,784
8362 - ENTERPRISE AND OTHER FUNDS - HBX	8362012 - HEALTH CARE 4 CHILD CARE	\$4,552,512	\$0	\$0	\$0	\$0
8362 - ENTERPRISE AND OTHER FUNDS - HBX	8362009 - MASSACHUSETTS HEALTH CONNECTOR	\$3,636,978	\$0	\$0	\$0	\$0
TOTAL GROSS FUNDS		\$47,557,909	\$37,552,148	\$41,752,784	\$0	\$41,752,784
Not-for-Profit Hospital Corporation						
8262 - ENTERPRISE AND OTHER - UMC	8262001 - ENTERPRISE AND OTHER FUNDS - HW0	\$0	\$155,000,000	\$155,000,000	\$0	\$155,000,000
TOTAL GROSS FUNDS		\$0	\$155,000,000	\$155,000,000	\$0	\$155,000,000
Not-for-Profit Hospital Corporation Subsidy						
1010 - LOCAL FUND	1010138 - CONTINGENCY RESERVE	\$7,000,000	\$0	\$0	\$0	\$0
1010 - LOCAL FUND	1010001 - LOCAL FUNDS	\$15,000,000	\$15,000,000	\$25,200,000	\$0	\$25,200,000
TOTAL GROSS FUNDS		\$22,000,000	\$15,000,000	\$25,200,000	\$0	\$25,200,000
Office of the Deputy Mayor for Health and Human Services						
1010 - LOCAL FUND	1010001 - LOCAL FUNDS	\$2,044,911	\$2,477,561	\$2,480,487	(\$29,368)	\$2,451,119
TOTAL GROSS FUNDS		\$2,044,911	\$2,477,561	\$2,480,487	(\$29,368)	\$2,451,119
GRAND TOTAL		\$5,161,034,141	\$5,186,322,077	\$5,778,465,060	\$1,901,402	\$5,780,366,462

Recommended agency budgets by fund type can be found in Attachment D.

Fiscal Year 2025 Agency Operating Budget Full-Time Equivalents

DIFS Appropriated Fund Type	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025		Committee's FY 2025 Recommendation
			Proposed	Committee Variance	
Department of Behavioral Health	1,251.39	1,439.50	1,411.94	0.00	1,411.94
Department of Health	612.45	765.84	810.92	3.00	813.92
Department of Health Care Finance	299.15	366.65	378.09	0.00	378.09
Health Benefit Exchange Authority	110.72	123.00	128.00	0.00	128.00
Not-for-Profit Hospital Corporation	0.00	0.00	0.00	0.00	0.00
Not-for-Profit Hospital Corporation Subsidy	0.00	0.00	0.00	0.00	0.00
Office of the Deputy Mayor for Health and Human Services	11.75	12.75	12.75	0.00	12.75

See Attachments B and C for a table detailing recommended agency budgets and full-time equivalents at the Cost Center level and Program level for each Agency.

Fiscal Year 2025 Agency Capital Budget Changes

The Committee made no changes to the Mayor's Capital Budget as proposed.

**Committee on Health
Fiscal Year 2025 Budget Recommendations**

Committee Transfers

Sending Committee	Receiving Committee	Receiving Agency	Amount	FTEs	Frequency	Purpose
Transfers In						
PW&O	Health	DHCF	\$500,000	0	One-Time	\$100,000 for the Nurse Family Partnership and \$400,000 toward Home Visiting
PW&O	Health	DBH	\$750,000	0	One-Time	For Substance Abuse and Behavioral Health Services Targeted Outreach
JPS	Health	DOH	\$771,160	0	One-Time	Transfer from the Litigation Support Fund for appropriation to the new Smoking Cessation Fund SPR
T&E	Health	DOH	\$167,541	1	Recurring	To fund salary and fringe for 1 FTE Data Analyst for HEPRATrauma Registry
Total			\$2,188,701	1		

Sending Committee	Receiving Committee	Receiving Agency	Amount	FTEs	Frequency	Purpose
Transfers Out						
Health	Housing	Human Services	\$200,000	0	One-Time	To restore cuts to the Emergency Rental Assistance Program.
	JPS	OVSJG	\$100,000	0	One-Time	To restore cuts to Access to Justice Initiatives
	COW	OSSE	\$112,780	2	Recurring	To fund 1 FTE (Grade 12, Step 5) salary and fringe for a Management Analyst in the Division of Health and Wellness to oversee compliance and complete reporting requirements of the Access to Emergency Medications Amendment Act of 2023.
	CEAL	DOES	\$137,500 (FY24)		One-Time	To add 50 participants to the DOES Middle School Career Ready Early Scholars Program in the summer of 2024.
Total			\$550,280			

Revenue Adjustments

No Adjustments.

Funding of Legislation

Bill, Law, or Subtitle	Status	Agency	Cost Center / Program/ Account (Parent Level 1)	FY 2025 Amount	Financial Plan Amount	FTEs
D.C. Law 25-0100, Prior Authorization Reform Amendment Act of 2023	Passed subject to funding	DHCF	See BSA Chapter	\$1,224,000	\$5,021,000	0
D.C. Law, 25-0124, Access to Emergency Medications Amendment Act of 2023	Passed subject to funding	DC Health, OSSE	See BSA Chapter	\$757,386	\$2,912,436	1
D.C. Law 25-0034, Expanding Access to Fertility Treatment Amendment Act of 2023	Passed subject to funding	HBX	See BSA Chapter	\$0	\$420,000	0
Grocery Access Pilot Program Amendment Act of 2024	BSA Subtitle	DC Health	See BSA Chapter	\$120,000	\$120,000	0
Mental Health Court Urgent Care Clinic Act of 2024	BSA Subtitle	DBH	See BSA Chapter	\$907,000	\$907,000	0
Opioid Abatement Directed Funding Amendment Act of 2024	BSA Subtitle	DBH	See BSA Chapter	\$1,125,000	\$1,125,000	0
School-Based Behavioral Health Student Peer Educator Pilot Amendment Act of 2024	BSA Subtitle	DBH	See BSA Chapter	\$325,000	\$325,000	0

**Committee on Health
Fiscal Year 2025 Budget Recommendations**

Bill, Law, or Subtitle	Status	Agency	Cost Center / Program/ Account (Parent Level 1)	FY 2025 Amount	Financial Plan Amount	FTEs
Substance Abuse and Behavioral Health Services Targeted Outreach Grant Act of 2024	BSA Subtitle	DBH	See BSA Chapter	\$1,200,000	\$1,200,000	0
Sexual Health Peer Educators Grant Amendment Act of 2024	BSA Subtitle	DC Health	See BSA Chapter	\$150,000	\$600,000	0
Tobacco Use Cessation Initiatives Amendment Act of 2024	BSA Subtitle	DC Health	See BSA Chapter	\$1,624,945	\$3,415,140	0
Total				\$7,433,331	\$16,045,576	1

New Budget Attributes – Explanation and Crosswalk

In Fiscal Year 2023, the District government started using the District Integrated Financial System (DIFS) for its financial recordkeeping. DIFS uses a new system of budget attributes to detail what part of an agency is responsible for a certain portion of the budget, shown as the Cost Center attribute, and what programmatic purpose the budgeted funds are for, shown as the Program attribute. Both Cost Center and Program have “parent levels” that group related Cost Centers and Programs into larger themes. Fiscal Year 2025 is the first year that DIFS budget attributes are being used to construct the District’s budget.

A guide to translating budget attributes used in previous budgets to the new DIFS budget attributes can be found in Attachment E.

Committee Budget Process and Purview

The Committee on Health is responsible for matters concerning health, including environmental health; the regulation of health occupations and professions, and health care inspectors; and joint jurisdiction with the Committee on Hospital and Health Equity on matters and agencies within the purview of the Committee on Hospital and Health Equity.

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

- Department of Health
- Department of Behavioral Health
- Department of Health Care Finance
- Office of the Deputy Mayor for Health and Human Services
- Not-for-Profit Hospital Corporation (United Medical Center)
- DC Health Benefit Exchange Authority
- 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

**Committee on Health
Fiscal Year 2025 Budget Recommendations**

- Board of Veterinary Medicine
- Cedar Hill Hospital on the St. Elizabeth’s campus
- Commission on Health Disparities
- Commission on Health Equity
- Commission on HIV/AIDS
- Committee on Metabolic Disorders
- Council on Physical Fitness, Health, and Nutrition
- Food Policy Council
- Health Information Exchange Policy Board
- Health Literacy Council
- Medicaid Reserve
- Mental Health Planning Council
- Metropolitan Washington Regional Ryan White Planning Council
- Perinatal and Infant Health Advisory Committee
- Statewide Health Coordinating Council

The Committee is chaired by Councilmember Christina Henderson. The other members of the Committee are Ward 6 Councilmember Charles Allen, Ward 7 Councilmember Vincent C. Gray, Ward 1 Councilmember Brianne K. Nadeau, and Ward 5 Councilmember Zachary Parker.

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

Performance Oversight Hearings	
Date	Title
January 18, 2024	FY 2023 Performance Oversight of DC Health (Public Witnesses Only)
January 22, 2024	FY 2023 Performance Oversight of DC Health (Government Only)
January 25, 2024	FY 2023 Performance Oversight of the Not-For-Profit Hospital Corporation (United Medical Center)
January 29, 2024	FY 2023 Performance Oversight of the Department of Behavioral Health (Public Witnesses Only)
January 31, 2024	FY 2023 Performance Oversight of the Department of Behavioral Health (Government Witnesses)
February 8, 2024	FY 2023 Performance Oversight of the Deputy Mayor for Health and Human Services
February 8, 2024	FY 2023 Performance Oversight of the Department of Health Care Finance
February 14, 2024	FY 2023 Performance Oversight of the D.C. Health Benefit Exchange
February 14, 2024	FY 2023 Performance Oversight of the Board of Nursing
February 14, 2024	FY 2023 Performance Oversight of the Board of Veterinary Medicine
February 14, 2024	FY 2023 Performance Oversight of the Board of Massage Therapy
February 14, 2024	FY 2023 Performance Oversight of the Board of Dietetics and Nutrition

Budget Oversight Hearings	
Date	Title
April 8, 2024	FY 2025 Budget Oversight of the Health Benefit Exchange
April 8, 2024	FY 2025 Budget Oversight of the Not-for-Profit Hospital Corporation (UMC)
April 10, 2024	FY 2025 Budget Oversight of DC Health (Public Witnesses)

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Budget Oversight Hearings	
Date	Title
April 10, 2024	FY 2025 Budget Oversight of the Department of Behavioral Health (Public Witnesses)
April 11, 2024	FY 2025 Budget Oversight of the Department of Behavioral Health (Government Witnesses)
April 11, 2024	FY 2025 Budget Oversight of DC Health (Government Witnesses)
April 29, 2024	FY 2025 Budget Oversight of the Deputy Mayor for Health and Human Services
April 29, 2024	FY 2025 Budget Oversight of the Department of Health Care Finance

The Committee received comments from members of the public during these hearings. Copies of witness testimonies are included in this report as Attachments H, I, J, and K. A video recording of the hearings can be obtained through the Office of Cable Television, Film, Music and Entertainment or at entertainment.dc.gov.

Fiscal Year 2025 Agency Recommendations

Full information about the agency's recommended budget and related adjustments can be found in the earlier summary tables, as well as in Attachments A, B, C, D, and E.

Department of Health (HC0)

1. AGENCY MISSION AND OVERVIEW

The District of Columbia Department of Health (DC Health) promotes health, wellness and equity, across the District, and protects the safety of residents, visitors and those doing business in our nation's capital.

The Department of Health provides programs and services with the ultimate goal of reducing the burden of disease and improving opportunities for health and well-being for all District residents and visitors. DC Health 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 DC Health performance plan is based on three priority areas: (1) health and wellness promotion, (2) promoting health equity, and (3) public health systems enhancement.

The Department of Health operates through the following 9 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
- Public Health Emergency Operations and Program Support
- Epidemiology Disease Surveillance and Investigation
- Emergency Medical Services Regulation
- Office of the Senior Deputy Director

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

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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
- HIV/AIDS Policy and Planning
- HIV Health and Support Services
- HIV/AIDS Data and Research
- Prevention and Intervention Services
- AIDS Drug Assistance Program (ADAP)
- Grants and Contracts Management
- Sexually Transmitted Disease (STD) Control
- Tuberculosis Control
- HIV/AIDS Housing and Supportive Services

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 3 activities:

- Office of Health Professional License Administration
- Office of Food, Drug, Radiation and Community Hygiene Regulation
- Office of Health Care Facilities Regulation

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 DC Health, 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 DC Health, 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
- Community Based Participatory Research and Policy Evaluation
- Health Equity Practice and Program Implementation

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

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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
- Research, Evaluation, and Measurement
- State Center for Health Statistics
- State Health Planning and Development

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
- Health Care Access Bureau
- Family Health Bureau
- Support Services
- Perinatal and Infant Health
- Nutrition and Physical Fitness

Public Health Laboratory – provides testing of biological and chemical samples that relate to public health and safety, such as infectious diseases, hazardous chemicals, or biological contamination, up to and including biological or chemical terrorist attacks. This is a new division of DC Health being proposed in the FY2024 budget. This division contains the following 2 activities:

- Administrative and Support Services
- Laboratory Services

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 2025 OPERATING BUDGET RECOMMENDATIONS

The Mayor's FY 2025 proposed operating budget for DC Health is \$304,828,997, which represents a 4.3% increase compared with the approved FY 2024 budget. This is largely due to an increase of federal grant funds of \$13,745,000 and 44.1 FTEs. The FY 2025 funding supports a total of 810.9 FTEs at DC Health, a 5.9% increase from the FY 2024 approved level.

Animal Care and Control Services

The Mayor's FY 2025 proposed budget maintains the FY 2024 funding for the animal care and control contract under DC Health, and adds a new capital project to build an animal shelter in Ward 8 to replace the current DC-owned shelter at 1201 New York Avenue NE. The Committee is pleased to see that the Mayor has not proposed cuts to the contract, as she did last year, and instead is maintaining the \$4.7 million funding level restored by the Council in the FY 2024 approved budget. The Committee is also pleased to see that the FY 2024 Supplemental Budget includes an allocation of \$1,114,478 to extend the current contract from its end date of June 30, 2024 to September 30, 2024, ensuring continuity of services until the new contract goes into effect on October 1, 2024.

Since the summer of 2023, the animal care and control contract has come under increasing scrutiny following media reports and testimony from current and former volunteers of the contractor reporting poor conditions for the animals under its care, increasing euthanasia rates, a lack of standard services such as regularly scheduled spay/neuter clinics, low-cost vaccination appointments, and spay and release clinics for cats, among other issues. At the FY 2023 DC Health Performance Oversight hearing, numerous members of the public testified raising concerns about this contract and advocated for improvements and more oversight over the contract.

The Committee has been in regular conversations with the agency and contractor over the past year. In FY 2025, DC Health has reported that there will be significant updates to the terms and requirements of the contract, which has been a sole source contract with the Humane Rescue Alliance since 1980 and lacks the needed specificity and accountability measures to be effective. DC Health and the contractor are also discussing transitioning some of the responsibilities and resources back in house at DC Health, where the agency can have increased oversight over importance public health and safety functions. Lastly, the construction of the new shelter and closing of the New York Avenue shelter in FY 2025 will enable the District to significantly improve living conditions for animals currently housed at New York Avenue, as well as enable the District to consider competitively bidding this contract in future fiscal years.

The Committee recommends maintaining the Mayor's proposed FY 2025 budget for animal care and control services, and will actively monitor the development and approval of the new FY 2025 contract. Specifically, the Committee hopes to see improvements in the contract that include more detailed requirements related to impoundment, rescue operation and maintenance, staffing, recordkeeping of wild animals, and overall outcome goals. The Committee will also look forward to seeing the timely commencement of construction of the new shelter and will encourage and support transitions of services back to DC Health over the course of the next year.

HIV/AIDS and Sexual Health

The majority of the funding for DC Health’s HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) is federal funding (\$82.29 million of the \$91.73 million total budget). In FY 2025, HAHSTA foresees a \$4.2 million reduction in federal grants that support HIV prevention and surveillance, ending the HIV epidemic (EHE), STI prevention, and treatment. At the FY 2025 Budget Oversight Hearing, DC Health testified that the District’s federal grant allocation for HIV prevention and surveillance is decreasing because the District has been successful in lowering new cases of HIV/AIDS. Specifically, the District’s grant will decrease by 8% in the next iteration of this award to begin on August 1, 2024, likely due to steadily decreasing incidence and prevalence of HIV in the city (11% decrease between 2007-2021 per CDC). DC Health posits that the rates have gone down because of the effectiveness of the programs funded by these federal grants, which will now need to be scaled back due to the grant reduction. DC Health also testified that the lack of funding will hamper their efforts to reach the populations that have been more challenging to bring into care, particularly Black and Latino men and Black women, all of whom experience higher rates of HIV than the general population, and young people aged 17-24, who are a growing percentage of newly diagnosed HIV infections.¹

Although the Committee does not have sufficient funds to restore the entire \$4.2 million reduction in federal grants, the Committee does make several budget recommendations to support HIV and STI reduction efforts in the District.

First, the Committee recommends restoring the at-home HIV and STI self-testing through GetChecked DC, with an enhancement of \$350,000 in recurring local funds for Program 700041 Prevention And Intervention Services, Cost Center 70079 Prevention & Intervention Services and Account 7132001 Contractual Services. In calendar year 2023, GetCheckedDC served 5,985 unique District residents through 8,192 total tests (5,021 being at-home tests). There are other national programs that offer self-test kits, however, wait times and types of tests vary. And while LabCorp and the Health and Wellness Center would continue to offer testing on-site at the Center, it would only serve a total of 3,000 clients. The Committee’s recommended funding would fully restore the funding for the at-home self-testing component of GetCheckedDC.

Second, the Committee recommends an enhancement of \$150,000 to restart the evidence-based peer-to-peer sexual health grant that DC Health used to administer, but that was cut during the COVID-19 public health emergency when schools moved to virtual learning. A number of high school student representatives from the Young Women’s Project advocated at the Budget Oversight Hearing for this grant program as a way to better reach them and their peers. DC Health testified that peer-based sexual health programs have strong evidence to support their effectiveness, and that the District should invest in such programs. As middle school and high school youth have returned to in-person learning and extracurricular activities, the need for peer-led sexual education once again has become increasingly crucial. According to a 2022 Young Women’s Project Sexual Health Survey of 600 students from 22 schools, 84% of high school

¹ District of Columbia Department of Health, HIV/AIDS, Hepatitis, STI, & TB Administration 2023. Annual Epidemiology & Surveillance Report: Data Through December 2022. Accessed April 19, 2024 at <https://dchealth.dc.gov/service/hiv-reports-and-publications>.

students in the District received less than one hour of sex education in 2022.² Further, of the 24% of teens who reported being sexually active, only 46% reported using a condom in their last encounter (down from 57% in 2019). Although DC Health is supporting a Sexual Health Youth Advisory Board through an MOU with OSSE, that group currently includes only 8 active students representing 5 schools. Advocates had asked for this program to be funded at \$300,000, but the Committee was not able to identify that amount of funds this year, but hopes to expand the program in future fiscal years. **The Committee therefore recommends an enhancement of \$150,000 in in recurring local funds for Program 700041 Prevention And Intervention Services, Cost Center 70079 Prevention & Intervention Services and Account 7141007 Grants & Gratuities for implementation of the Sexual Health Peer Educators Grant.** The Committee also includes a BSA subtitle, “Sexual Health Peer Educators Grant”, that stipulates the requirements for this program. It can be found in Attachment G.

Third, to aid in expanding the services that will be reduced due to the federal grant funding shortfall, the Committee also recommends that the DC Council fully fund the Whitman-Walker Entities at St. Elizabeths Tax Rebate Amendment Act of 2022. The Center provides several services including HIV treatment, HIV research, and specialized care for members of the LGBTQ+ community. The tax abatement was requested in order to expand the Center’s potential treatment capacity from 5,000 patients to 15,000 patients and includes services centered on primary medical care, behavioral health, substance abuse, dental, and other supportive services. Additionally, the Center’s expansion will transform Whitman-Walker Health’s research, education, and training scope by more than tripling its research portfolio and ability to provide treatment breakthroughs in areas such as HIV, cancer, and COVID-19. To fund this expansion, Whitman-Walker Health requested tax relief from the District government valued at \$46.6 million through 2047, including \$5.5 million during the current financial plan.

Food Access

Many District residents do not consistently have enough food to feed themselves or their families. According to the Capital Area Food Bank, 35% of District residents experienced food insecurity in 2023.³ Black households, seniors, and households with children consistently experience food insecurity at higher rates than the general population. DC Health plays a critical role in addressing food insecurity and increasing healthy food access in the District. DC Health administers several federal nutrition assistance programs, including:

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- The Commodity Supplemental Food Program (CSFP), also known as Grocery Plus, for low-income seniors;
- The Supplemental Nutrition Assistance Program Education (SNAP-Ed), which provides nutrition education to populations eligible for SNAP benefits; and
- the Senior and WIC Farmers Market Nutrition Programs.

Young Women’s Project. “YWP Sexual Health & Wellness Survey: Preliminary Results.” (Dec. 26, 2022). Accessed April 24, 2024 at:

https://docs.google.com/document/d/1MOuwMBVfKRLt1V3ToH8dKiNHONwQhL_jMQ7XyHKWzNg/edit

³ Capital Area Food Bank. “Hunger Report 2023.” (Sept. 2023). Accessed May 7, 2024 at: <https://hunger-report.capitalareafoodbank.org/report-2023/>

DC Health also administers several locally funded nutrition assistance programs, including:

- Produce Plus, which provides low-income DC residents with \$40 per month to purchase local produce at farmers markets;
- Healthy Corners, which empowers small businesses in underserved neighborhoods to sell nutritious, affordable food, and provides a \$5 SNAP match at several stores;
- Joyful Food Markets, which hosts monthly free markets at 53 elementary schools in Wards 7 and 8; and
- Home Delivered Meals, which provides medically tailored meals to homebound DC residents with chronic diseases, including HIV/AIDS, cancer, and diabetes.

In FY 2025, these programs will be particularly important as the Mayor’s proposed budget does not include recurring funding for the Give SNAP a Raise Amendment Act of 2022, which is currently providing a 10% locally funded increase for SNAP beneficiaries using one-time funding in FY 2024, beginning January 1, 2024 and ending September 30, 2024. This means that the more than 140,000 residents currently enrolled in the Supplemental Nutrition Assistance Program (SNAP), will see their benefits decrease at the beginning of FY 2025. Although the Committee could not identify funding to continue the SNAP increase in FY 2025, **the Committee encourages the DC Council to continue to prioritize identifying recurring funding for Give SNAP a Raise Amendment Act of 2022.**

In many cases, the demand for federal and local nutrition assistance programs at DC Health exceeds funding levels. In the FY 2023 Performance Oversight pre-hearing responses, DC Health reported that Produce Plus received 11,396 applications from eligible individuals and was able to serve 7,579 in 2023, leading to a 3,817 waitlist (a 34% gap). Grocery Plus boxes for low-income seniors served 5,700 seniors, with 1,326 on the waitlist. The Senior Farmers Market Nutrition Program served 8,000 seniors, but plans to reduce benefits after the expiration of ARPA funds.

In FY 2024, the Healthy Food Access grants were funded with recurring dollars at their pre-COVID amounts, and the Council added one-time enhancements to continue the ARPA-funded boosts that the Mayor had proposed discontinuing. In FY 2025, the Mayor maintained the Council’s FY 2024 enhancements, and although DC Health’s Agency Fiscal Officer testified at the FY 2025 Budget Oversight Hearing that the enhancements for these programs are one-time, the Council Budget Office has confirmed that the FY 2025 allocations were entered as recurring funding. **The Committee strongly supports maintaining this recurring funding, which will allow these programs to operate with more stability and certainty of funding in future years, and to better meet the demand for these essential services.**

Healthy Food Access Grant Project	FY24 Approved Budget	Proposed FY25 Budget
Martha’s Table Joyful Food Markets	\$1,824,066 (\$1,500,000 recurring; \$324,066 one-time)	\$1,824,066 (\$1,500,000 recurring; \$324,066 recurring)
DC Central Kitchen Healthy Corners	\$750,000 (\$650,000 recurring; \$100,000 one-time)	\$750,000 (\$650,000 recurring; \$100,000 recurring)
FRESHFARM Produce Plus	\$1,500,000 (\$1,300,000 recurring; \$200,000 one-time)	\$1,500,000 (\$1,370,934 recurring; \$129,066 recurring)
Food and Friends Medically Tailored Home Delivered Meals	\$1,335,000 (\$1,000,000 recurring; \$335,000 one-time)	\$1,335,000 (\$1,135,000 recurring; \$200,000 recurring)

In particular, the Committee heard from several Produce Plus Market Champions at the Budget Oversight Hearing for the need to increase investment in this program to reduce the waitlist. In April 2024, a historic 5,000 people applied for Produce Plus in the first 24 hours, an increase from 3,000 in 2023. This put the program on track to have an even larger waitlist than the 3,817 last summer, if funding remained flat. **The Committee therefore recommends an enhancement of \$600,000 in FY 2025 in recurring local funds for Program 700028 Nutrition And Physical Fitness, Cost Center 70057 Nutrition And Physical Fitness Bureau and Account 7141007 Grants & Gratuities to allow Produce Plus to serve an additional 2,500-3,000 residents and decrease the waitlist.**

The Committee also takes a critical step to expand healthy food access in District communities with low food access by proposing a BSA subtitle, the “Grocery Access Grant Pilot Program Act of 2024” (found in Attachment G), which will provide membership to a grocery delivery service at no cost for one year to 1,000 eligible residents. This pilot aims to address food access challenges for residents with low food access. Despite the District’s longstanding efforts to attract new supermarkets to low food access areas, little progress has been made. Over the past 4 years, even with \$58 million of ARPA funds dedicated a new Food Access Fund, only one new full-service grocery store has opened in Wards 7 and 8. This pilot program will specifically serve District residents currently enrolled in the District’s SNAP-Ed program, nearly 80% of whom are Ward 5, 7, and 8 residents. The Committee also looks forward to reporting on how this pilot affects food purchasing for participating residents. **The Committee therefore recommends an enhancement of \$120,000 in one time local funds for Program 700028 Nutrition And Physical Fitness, Cost Center 70057 Nutrition And Physical Fitness Bureau and Account 7141007 Grants & Gratuities to implement the Committee’s BSA subtitle, “Grocery Access Pilot Program Amendment Act of 2024”.**

The Committee also recommends that the DC Council fund the Universal Free School Meals Amendment Act of 2023. The legislation would provide free universal school breakfast, lunch, and after-school snacks to students in public, charter, and participating private schools in the District. The Committee of the Whole held a public hearing on the bill on November 30, 2023. The research on the benefits of having access to nutritional school meals is very clear. Students who receive free school meals have shown improved academic achievement, experienced lower obesity rates, consumed more fruits and vegetables, lowered risk of behavioral issues, and experienced reduced nutrition deficiencies. The Office of Revenue Analysis provided an updated Fiscal Impact for this legislation that indicates that the Office of the State Superintendent for Education (OSSE) would need one year of lead-up time to prepare the schools for the program’s implementation. Thus, if funded in the FY 2025 budget, it would cost \$2,191,000 in FY 2025 and \$8,882,000 in FY 2026, with small increases for growth in the remainder of the financial plan.

School Health Services Program

DC Health awards a non-competitive grant to Children’s School Services (CSS) to provide staffing for the District’s 183 school health suites and approximately 90,000 public school children through the School Health Services Program (SHSP). The FY 2025 proposed budget maintains the funding for CSS at \$25,133,727, the same as the FY 2024 approved budget level. However, DC Health

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also provided CSS with a supplemental \$469,348 in FY 2024 to install the equipment for and operate the telehealth program, so the FY 2025 budget in effect is a reduction of available funds for CSS.

After years of chronic high vacancies among school nurses, DC Health and CSS rolled out a new staffing model for the health suites in School Year 2023-2024, with the goal of getting to 40 hours/week staffing coverage for all schools. This new model, based on those in surrounding jurisdictions, has nurses and school health technicians work together in a cluster of 3-4 schools in close geographic proximity to each other. Depending on the health needs of the student body, some schools would have a designated RN, while others would have a dedicated health technician, who could call in an RN for more severe health emergencies.

At a July 2023 hearing, Dr. Andrea Boudreaux from Children’s testified that she was “confident” that the Program would be fully staffed by the beginning of the school year. Yet at a Public Oversight Roundtable the Committee held in January 2024 on the staffing of school health suites, CSS had filled only 169 out of 230 FTE positions, representing a 26% vacancy rate. This has led to only 56% of the health suites that participate in SHSP with 40 hours/week of staffing coverage. Therefore the Committee was happy to hear from Dr. Bennett during the FY 2025 Budget Oversight Hearing that 95% of schools now have 40 hours/week of staffing coverage for their health suites. The chart below shows how many of each type of health professional are staffing the health suites. The responses to the FY 2025 pre-hearing questions also provide a detailed chart of the number of hours of coverage and type of health professional for each school.

Role Type	Count of Health Suites Covered at 24hrs by Role Type	Count of Health Suites Covered at 32hrs by Role Type	Count of Health Suites Covered at 40hrs by Role Type	Total Health Suites Covered at any Role Type
Health Technician	0	3	75	78
Licensed Practical Nurse	2	0	37	39
Registered Nurse	4	1	60	65
Total	6	4	172	182*
Total (%)	3.3%	2.2%	94.5%	100%

*Figures exclude Roosevelt Stay as it is an approved health suite but is currently not staffed. The total health suite count for SHSP is 183.

At the FY 2025 Budget Oversight hearing and later in e-mail communication to the Committee, CSS stated that they need an additional \$2,726,000 to operate SHSP in FY 2025, including \$700,000 for staff salaries, \$711,000 for training of the staff and Administration of Medication training, \$600,000 for telehealth, and \$715,000 for care management. DC Health strongly disagreed with these estimates, telling the Committee that CSS only needs \$25,191,652 to cover health suite staffing, administrative core staffing, care coordination & telehealth, onboarding training, and fees and supplies. DC Health based this estimate on an algorithm for health suite staffing and the projected 186 health suites for the 2025-2026 school year.

The Committee urges DC Health to enhance the SHSP program to ensure high-quality, full-time staffing, telehealth options, increased opportunities for the Administration of Medication training, and generally better oversight of the grant. **To enhance the School Health Services Program, the Committee recommends an enhancement of \$1,411,000 in one time local funds for Program 700026 Family Health, Cost Center 70058 Family Health Bureau and Account 7141007 Grants & Gratuities.**

Access to Emergency Medication in Schools

On December 5, 2023, the Council passed B25-0226, the “Access to Emergency Medications Amendment Act of 2023”. This bill, crafted in close collaboration with Children’s National Hospital, ensures that when a student is having a medical emergency, schools are prepared with emergency medication and staff trained to provide immediate medical care. The bill requires DC Health to develop an Undesignated Emergency Medications Action Plan to create a system for stocking undesignated emergency medications in schools, including undesignated albuterol for students suffering from an asthma attack and undesignated glucagon for students suffering from hypoglycemia due to diabetes.

Current law mandates students enrolled in public and public charter schools to have a medication action plan to self-administer asthma or diabetes medication. The parent, legal guardian, or student must obtain authorization on the medication action plan from a licensed practitioner to enable self-administration of medication. In the case of an emergency where a student without a medication action plan is showing signs of an asthma attack or of hypoglycemia due to diabetes, school staff are currently not trained to administer undesignated medication and there is no undesignated medication available at schools.

This exponentially increases health risks for many students, since only 15.2% of students with asthma have an asthma action plan and 71.7% of students with diabetes have a diabetes management plan. Therefore, in the case of a medical emergency, almost 9 in 10 children with asthma would not be able to access albuterol and 1 in 3 children with diabetes would not be able to access glucagon immediately. Public witnesses testified at the hearing for this legislation that this is also a health equity issue, since Black and Latino children experience asthma at significantly higher rates than white children and are more likely to visit an emergency room due to the condition.

The Committee is pleased to be able to fully fund B25-0226, the “Access to Emergency Medications Amendment Act of 2023”, by allocating the amounts indicated in the OCFO’s updated Fiscal Impact Statement below, provided to the Committee in April 2024, to DC Health and to the Office of the State Superintendent for Education through a transfer to the Committee of the Whole.

Bill 25-226, Access to Emergency Medications Amendment act of 2023					
Total DC Health Cost					
	FY2025	FY2026	FY2027	FY2028	TOTAL
Salary (a)	\$164,431	\$167,555	\$170,739	\$173,983	\$676,708
Fringe	\$36,175	\$37,728	\$39,349	\$41,039	\$154,291
Medication Storage (b)	\$46,000	\$0	\$0	\$0	\$46,000
Training Update	\$22,000	\$0	\$0	\$0	\$22,000
Medication Procurement and Distribution (c)	\$376,000	\$383,144	\$390,424	\$397,842	\$1,547,410
TOTAL	\$644,606	\$588,428	\$600,511	\$612,863	\$2,446,408

(a) Assumes salary for one Grade 12, Step 1 Nurse Consultant (\$98,335) and one Grade 9, Step 5 Program Support Specialist.(\$66,078) Assumes fringe rate of 22.0 percent, cost growth of 1.9 percent, and fringe growth of 2.35 percent. Assumes October 1, 2024 start date.

(b) Assumes one-time costs of \$650 for procure and install 71 locking medication cabinets.

(c) Includes annual procurement and distribution of albuterol and glucagon to 252 schools.

Bill 25-226, Access to Emergency Medications Amendment act of 2023					
Total OSSE Cost					
	FY2025	FY2026	FY2027	FY2028	TOTAL
Salary	\$90,805	\$92,349	\$93,919	\$95,515	\$372,588
Fringe	\$21,975	\$22,874	\$23,809	\$24,783	\$93,440
TOTAL	\$112,780	\$115,222	\$117,728	\$120,298	\$466,028

(a) Assumes salary for one Grade 12, Step 5 Management Analyst. (\$90,805) Assumes fringe rate of 24.2 percent, cost growth of 1.9 percent, and fringe growth of 2.35 percent. Assumes October 1, 2024 start date.

Bill 25-226, Access to Emergency Medications Amendment Act of 2023					
Total Cost					
	FY2025	FY2026	FY2027	FY2028	TOTAL
DC HEALTH	\$644,606	\$588,428	\$600,511	\$612,863	\$2,446,408
OSSE	\$112,780	\$115,222	\$117,728	\$120,298	\$466,028
TOTAL	\$757,386	\$703,650	\$718,239	\$733,161	\$2,912,436

Maternal Health

On December 14, 2023, the Committee held a Public Roundtable on Maternal and Infant Health in the District. At the Roundtable, the Committee heard from maternal health professionals, including doulas, midwives, OBGYNs, and more, about their experiences on the ground ensuring the safety and health of expectant parents and infants. The Committee also questioned DC Health and the Department of Health Care Finance about whether current investments in maternal health were effectively decreasing incidences of maternal morbidity and mortality.

The most recent Perinatal and Infant Mortality Report from DC Health shows that, based on 2019-2020 data, the percentage of preterm births was significantly higher for non-Hispanic black mothers compared to non-Hispanic white mothers; unmarried mothers versus married mothers; births covered by Medicaid versus private insurance; births to mothers with less than a high school education compared to mothers with more than high school education; and births occurring to women who reside in ward 7 and 8 compared to wards 1, 2, 4 and 6. While Black birthing people constitute roughly half of all births in DC, they account for 90% of all pregnancy-related deaths and 93% of pregnancy-associated, non-related deaths. This is in stark contrast with White birthing people, who comprise about 30% of births but experienced no pregnancy-related deaths, and one pregnancy-associated, non-related death during 2014-2018.

At the Roundtable, the Committee discussed several initial ideas for further investments in maternal health that the Committee further researched and developed into FY 2025 budget recommendations:

- **The Committee recommends an enhancement of \$74,600 in one time local funds for Program 700026 Family Health, Cost Center 70058 Family Health Bureau and Account 7141007 Grants & Gratuities to incorporate the evidence-based Count the Kicks Initiative to decrease stillbirths into the Perinatal Quality Collaborative grant, which is currently awarded to the DC Hospital Association.** The District has the 4th highest fetal mortality rate in the United States, and Black families are more than 2x as likely to experience a stillbirth than white families.⁴ In the first decade of Count the Kicks in Iowa, the state's stillbirth rate decreased nearly 32% while the rest of the country remained relatively stagnant.⁵ DC does not currently provide reliable data collection on stillbirth: while DC Health's Vital Records only reports 4 stillbirth certificates issues in FY 2023, hospital data provided to the Committee shows 77 stillbirths in 2023. Incorporating Count the Kicks into the PQC will increase education for maternal health care providers on stillbirths and provide pregnant individuals with free education and an app to help track fetal movement in the third trimester.
- **The Committee recommends maintaining the Mayor's proposed Budget Support Act subtitle to create a \$300,000 grant to provide childcare for pregnant and birthing parents, "Childcare for Pregnant and Birthing Parents Grants Amendment Act of 2024", including in Attachment F.** Councilmember Henderson included this request in

⁴ Gregory, E., Valenzuela, C., Hoyert, D. Fetal Mortality: United States, 2020. National Vital Statistics Reports, Vol. 71, 4, published August 4, 2022. Accessed May 5, 2024 at: <https://www.cdc.gov/nchs/data/nvsr/nvsr71/nvsr71-04.pdf>

⁵ Association of Maternal & Child Health Programs. Best Practice: Count the Kicks. Accessed May 5, 2024 at: https://amchp.org/database_entry/count-the-kicks/

her FY 2025 Budget Letter to the Mayor after hearing testimony at the December Roundtable. Several OBGYN physicians testified that a major barrier to emergency, sometimes life-saving treatments for their patients was a lack of childcare. Most hospitals have a policy that children cannot be left alone in the hospital, so patients who arrive at an Emergency Department because of a pregnancy emergency, but have their children with them, have no choice but to decline treatment. The Committee makes several enhancements to the subtitle as introduced, including specifying that the childcare must be provided on-site for the first 5 hours, and specifying that the grant is for urgent treatment outside of standard prenatal care.

Domestic Violence Prevention

The Committee recommends an enhancement of \$25,000 in recurring local funds for Program 700026 Family Health, Cost Center 70058 Family Health Bureau and Account 7132001 Contractual Services - Other for for the Pediatric Mental Health Care Access (PMHCA) Program. This program partners with the Department of Behavioral Health to implement its DC Mental Health in Pediatrics Program (DC MAP). The purpose of this program is to expand access and promote behavioral health integration into pediatric primary care. This funding will support a three-hour training on the dynamics of domestic violence, cultural humility, trauma informed care, safety planning and crisis intervention, and local resources for staff persons supporting pediatric health care. Each of the four workshops will be tailored to different partners, with a final workshop bringing teams together for cross training and teamwork.

JUUL Settlement Funds and Vaping Cessation

The DC Office of the Attorney General (OAG) reached a legal settlement with JUUL Labs, Inc. in April 2023, resolving allegations of violating consumer protection laws related to youth marketing and sales practices. Through the settlement, the District will receive a total of \$13.67 million over eight years, or \$1.7 million per year. There is currently two years' worth of Settlement Funds available in FY 2025, totaling \$3.42 million, because the FY 2024 funds were loaded after the budget was finalized. The Settlement Agreement mandates that at least 50% of the funds, totaling \$7.56M, be used for vaping remediation efforts, including cessation, education, and prevention initiatives. OAG proposes keeping 25% of the funds with OAG's Litigation Support Fund (LSF) and allocating the remaining 75% to the General Fund.

Through its BSA subtitle "Tobacco Use Cessation Initiatives Amendment Act of 2024", the Committee creates a new Tobacco Use Cessation Fund dedicated to tobacco use prevention and cessation, specifically focused on youth vaping use, and allocates \$3,415,140 over the financial plan to the new Fund from the JUUL Settlement Funds collected by the Office of the Attorney General. This includes a transfer from the Committee on the Judiciary of \$771,160 in FY 2025 in one-time local funds for Program 700023 Cancer And Chronic Disease Prevention, Cost Center 70059 Cancer & Chronic Disease Bureau and Account 7141007 Grants & Gratuities for the Vaping Prevention and Cessation Program with proceeds from Juul Litigation Funding. \$853,785 in recurring funds will be directly allocated from the Litigation Support Fund in the outyears to the new Fund. The Committee also includes a Budget Support Act Subtitle XX, Tobacco Use

Cessation Initiatives Amendment Act of 2024, which requires DC Health to spend the funds on tobacco use prevention, education, and cessation programs, including:

- Investigators, including youth associates, to attempt vaping purchases;
- Social media countermarking campaign featuring District youth; and
- Developing and conducting a bi-annual survey on District youth use of vaping products; and
- Developing a bi-annual report detailing how the Settlement Funds allocated to the DC Health have been spent and providing updated data from the survey described above.

Taking a Public Health Approach to Vision Zero

Although Mayor Bowser published the Vision Zero report in 2015, setting a goal of zero traffic-related fatalities by 2024, the District has experienced increased traffic fatalities since the Vision Zero report was published. In 2023, 52 individuals died due to traffic fatalities, 24 of whom were pedestrians, bicyclists, or scooters. This is up from 35 fatalities in 2022 (25 ped/bike/scooter) and almost double the 28 fatalities (13 ped/bike) in 2017, when the District first started recording the data. In addition to fatalities, there were 95 pedestrians with major injuries, 31 bicyclists with major injuries, and 6,300 total minor injuries from traffic accidents.

One major shortcoming in the District’s approach to Vision Zero is its failure to see traffic violence as a public health issue and to incorporate the primary public health agency into the development of strategies and solutions. The 2022 Vision Zero Update highlights the interagency nature of Vision Zero, outlining the roles of DDOT, DMV, MPD, and DPW, but only mentions DC Health in the context of post-crash care.

DC Health’s Roadway Injury Surveillance Data Project within its Health Emergency Preparedness and Response Administration is integrating traffic-related injury data from trauma centers, emergency medical services, and MPD, with the ultimate goal of providing more accurate, comprehensive data to inform citywide roadway safety projects, including the Vision Zero Dashboard and DDOT infrastructure. The importance of these efforts has been proven in San Francisco where the city implemented a similar approach and found that existing singular datasets significantly undercounted injuries and their severity.⁶ DC Health currently has only one Data Analyst supporting this project, leading to a slow rollout of these critical improvements that could impact the focus of millions of dollars of DDOT capital projects. **The Committee accepts a transfer from the Committee on Transportation and the Environment and recommends an enhancement of \$137,329 in recurring local funds for Program 700050 Emergency Medical Services Regulation, Cost Center 70067 Emergency Medical Management Division and Account 7011001 Continuing Full Time for salary for a Data Analyst for HEPRA Trauma Registry FTE.**

⁶ San Francisco Department of Public Health. “Vision Zero High Injury Network: 2022 Update.” (November 2022). Accessed May 7, 2024 at: https://www.visionzerosf.org/wp-content/uploads/2023/03/2022_Vision_Zero_Network_Update_Methodology.pdf

b. FISCAL YEAR 2025 - 2030 CAPITAL BUDGET RECOMMENDATIONS

The Mayor's proposed FY 2025 – FY 2029 capital budget request for DC Health is \$24,345,000. \$2,422,000. This represents an increase of \$21,923,000, from the FY 2024 – FY 2029 Capital Plan. The FY 2024 – FY 2029 Capital Plan includes two capital projects:

AM0-100108-AM0.NAS23C. Future DC Health Animal Shelter

The Mayor's proposed FY 2025 Budget includes \$22,500,000 of capital funds in FY 2025 to renovate an existing District-owned building to serve as a new animal shelter, replacing the existing shelter located at 1201 New York Avenue. The capital budget identifies the site, 4 DC Village Lane SW, which is currently a warehouse and will need significant renovations in order to be converted into an animal shelter. Notably, in Dr. Bennett's testimony at the FY 2025 Budget Hearing, she stated that the location has not yet been finalized, and the District is trying to find a site that will be more accessible for staff and visitors.

The Committee is extremely supportive of this new capital project, and applauds the Executive in including the full cost of building a new shelter, in contrast to the \$4.5 million investment allocated in FY 2023 (and then swept in FY 2024). The current shelter on New York Avenue NE is old, crowded, and in disrepair, and advocates and the contractor have long been asking for a new shelter. The District has struggled to find a site for the new shelter—in FY 2023, it appeared the District had identified a site at 6500 Blair Road NE, but plans for that site fell through.

The Committee is concerned that all the capital funding for this project is loaded in FY 2025, when the Executive does not seem to have finalized a site. Further, at the Budget Oversight Hearing, Dr. Bennett testified that this is an 18-month project, starting in FY 2025 and finishing in FY 2026, but the capital funding does not reflect that project plan. The Committee urges DC Health and the Executive to finalize a location and ensure that the project is funded at appropriate levels.

HC0-101191-HC0.HFL24C. Fleet Replacement

The Committee recommends maintaining the Mayor's proposed \$256,000 in FY 2025 and \$2,338,065 over the capital plan for this project. This small, on-going capital project allows the agency to conduct regular replacement of vehicles as they reach the end of their useful life. This fleet is used mainly for Food Safety and Rodent Control services. All vehicles being replaced are over 10 years old and have endured wear and tear and significant city mileage.

3. COMMITTEE POLICY RECOMMENDATIONS

1. Consider redesigning the School Based Health Centers to increase utilization and create a sustainable funding model.

The Mayor's proposed FY 2025 budget reduces the budget for School Based Health Centers (SBHC) from \$2,100,000 to \$600,000, a cut of \$1,500,000. The seven current SBHCs provide

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primary care services school year-round within District high schools. A SBHC can serve as a student’s primary health care provider or supplement the services they would normally receive. Each SBHC offers medical, oral, social and mental health services, and education to enrolled students, and to the children of enrolled students. At the Budget Oversight Hearing, Dr. Bennett testified that the SBHCs were seeing fewer students than expected, and that the model needs to be reconsidered to “ensure that children who routinely seek care for basic needs in a school setting are not missing out on continuity and parent involvement, two essential elements of quality pediatric care.” The Committee notes that utilization actually varied greatly across schools in the last fiscal year, according to the chart below provided by DC Health during FY 2023 performance oversight:

FY 23 School-Based Health Centers Utilization by Service and School (Oct 1, 2022 – Sep 30 th , 2023)							
	Anacostia	Ballou	Cardozo	Coolidge	Dunbar	Roosevelt	Woodson
Total Visits	964	500	1931	1220	554	420	1068
Total number of students who visited SBHC	530	440	1204	943	474	271	750
Well Child Visits	114	41	296	77	61	76	218
Mental/ Behavioral Health Visits	114	29	1879	819	6	51	1050
Sexual Health Visits	459	53	340	336	13	129	229
Oral Health Visits	104	21	238	78	0	19	83
Asthma Care Visits	58	30	48	18	19	15	83

The Committee urges DC Health to use the remaining \$600,000 budget for Fiscal Year 2025 to keep open at least the Cardozo High School SBHC, which serves a unique population of students who are underserved by other forms of public health insurance. The Committee also urges the agency to take the next year to develop creative solutions to increasing student usage of these Centers, including allowing for students to make confidential appointments for mental health and sexual health, and for students 16-years and older to make primary care appointments without parental consent, all of which is allowed under District law since the Council passed B25-0463, the Minor Access to Medical Records and Appointments Regulations Amendment Act of 2023, earlier this year.

2. Consider improvements and revised requirements for the Certificate of Need process.

The Mayor’s proposed FY 2025 Budget Support Act included Subtitle XX. Certificate of Need, which would exempt providers will 10 or fewer full-time or part-time employees from the Certificate of Need (CoN) process. The Committee is not moving this subtitle because it takes too narrow a view of the need for Certificate of Needs reforms, and bases the exemption on number

of employees rather than types of services provided, but the Committee does agree on the need for a larger conversation about reforming the Certificate of Need process.

Over the last year, the Committee has heard from several different types of healthcare entities about frustrations with the CoN process. Telehealth companies believe they should be exempt from the process because they are not brick-and-mortar health facilities. Smaller entities believe they should be exempt because they are not major health facilities. And larger entities, like hospitals, have shared that they believe the CoN process is too onerous for relatively small capital updates, like installing a new elevator.

The Committee looks forward to working with DC Health during the summer and fall of 2025 to consider revisions to the CoN process to ensure the District is appropriately balancing the need for oversight over the equitable distribution of health care infrastructure with the administrative requirements we are expecting of health care facilities.

3. Fully implement the High Need Healthcare Career Scholarship and Health Professional Loan Repayment Program Amendment Act of 2022.

In the FY 2024 budget, the Committee fully funded D.C. Law 24-0313, the High Need Healthcare Career Scholarship and Health Professional Loan Repayment Program Amendment Act of 2022. This legislation created a High Need Healthcare Career Scholarship and Supports program available for costs related to education, training, transportation, and examinations. The program would preference District residents, those who agree to be educated in the District, and those who demonstrate a desire to reside in the District. The Act requires that those who benefit from this program must commit to working in the healthcare industry in the District for at least two years. The Act lists specific careers that would be designated as a high-need healthcare career eligible for participation for this scholarship, but also allows the Mayor the flexibility needed to add or remove listed health care careers.

In its response to the Budget pre-hearing questions, DC Health states that *none* of the scholarship funds have been allocated thus far in FY 2024. DC Health states that they are setting up the framework for the program including IT infrastructure, rulemaking, and connecting with education providers. DC Health is also actively recruiting, but has still not hired, the Program Coordinator for this program. In the FY 2024 Supplemental Budget, the Executive sweeps \$417,000 from the funds allocated for the scholarships since the program has still not started. DC Health testifies that the program will be ready to be fully implemented in FY 2025 and spend the full funding. The Committee is frustrated that the implementation of this law has been delayed, and that funds the Committee allocated for this purpose have been swept. The Committee urges the agency to finalize the framework for this program promptly and spend down the full remaining amount in FY 2024, as well as the full funding in FY 2025.

Department of Behavioral Health (RM0)

1. AGENCY MISSION AND OVERVIEW

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

Summary of Services

DBH 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;
4. Enhance provider monitoring to ensure high quality service.

Program Description

DBH operates through the following 11 divisions:

1. **Data, Quality and Compliance Program:** Oversees provider certification, mental health community residence facility licensure, program integrity, quality improvement, major investigations, incident management, claims audits, program integrity, and compliance monitoring. Issues annual Medicaid and local repayment demand letters, annual public provider performance reports. This administration also aggregates and analyses data to evaluate performance; develops strategic plans and programmatic regulations, policies and procedures; develops and implements learning opportunities to advance system changes; and identifies needs, resources, and strategies to improve performance. This division contains the following 8 activities:
 - Data, Quality and Compliance Services
 - Certification Services
 - Incident Management and Investigation Services
 - Licensure Services
 - Program Integrity Services
 - Data and Performance Measurement Services
 - Strategic Planning and Policy Services
 - Center of Excellence Services
2. **Behavioral Health Authority Program:** 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:

- Consumer and Family Affairs
- Executive Director
- Legal Services
- Legislative and Public Affairs
- Ombudsman

3. **Child/Adolescent/Family Services Program:** Develops, implements, and monitors a comprehensive array of prevention, early intervention, and community-based behavioral health services and supports for 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 8 activities:

- Behavioral Services - Howard Road
- Court Assessment Services
- Crisis Services
- Early Childhood Services
- Evidence-Based Practices Services
- Parent Early Childhood Enhancement Program (Piece)
- School Based Behavioral Health Services
- Psychiatric Residential Treatment Facility (PRTF)

4. **Clinical Services Program:** 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 3 activities:

- Behavioral Health Services
- Behavioral Health Services - Pharmacy
- Forensics Services

5. **Policy, Planning, and Evaluation Administration:** Aggregates and analyses data to evaluate performance; develops strategic plans and programmatic regulations, policies, and procedures; develops and implements learning opportunities to advance system change; identifies needs, resources, and strategies to improve performance. This division contains the following activity: Behavioral Health Grant Oversight Services.

6. **Saint Elizabeths Hospital Program:** 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 12 activities:

- Clinical Administrative Services
- Clinical and Medical Services

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- Engineering and Maintenance Services
 - Fiscal and Support Services
 - Hospital Administrative Services
 - Housekeeping Services
 - Material Management Services
 - Nursing Services
 - Nutritional Services
 - Quality and Data Management Services
 - Security and Safety Services
 - Transportation and Grounds Services
7. **Opioid Abatement Program:** Established by the Opioid Litigation Proceeds Act of 2022, the Office of Opioid Abatement within the District's DBH authorizes DBH to support a 21 member Opioid Abatement Advisory Commission to oversee the disbursement of opioid settlement funds to fulfill District's goals and objectives to mitigate the opioid epidemic; manage resources focused on opioid use prevention, treatment, recovery, harm reduction programs, and direct resources and support to community members impacted by the opioid crisis within the District.
8. **Crisis Services:** Oversees the development, implementation, and monitoring of a comprehensive array of crisis services for children, youth and adults to include 24/7 crisis lines, mobile crisis and accessible crisis receiving facilities. Develops and maintains strong cross-agency partnerships with first responders and other public safety and health and human service agencies. Assures adequate resources are available to respond promptly to distressed communities in the aftermath of shared traumatic events such as violence including homicides or natural or man-made disasters such as extreme weather events or building fires impacting many households. Establishes and monitors quality metrics for crisis services as well as mechanisms for determining whether sufficient capacity exists. This division contains the following 4 activities:
- Access Helpline
 - Community Response Team
 - Comprehensive Psychiatric Emergency Services
 - Child/Youth Crisis and Community Trauma Response
9. **Adult Services Administration Program:** Develops, implements, and monitors a comprehensive array of prevention, early intervention, and community-based behavioral health services and supports for adults and communities that are culturally and linguistically competent; which support resiliency, recovery, and overall well-being for District residents who have mental health and substance use disorders. This division contains the following 12 activities:
- 35 K Street Adult Clinical Services
 - Assessment and Referral Center (ARC) Services
 - Co-Located Services
 - Housing, Residential Support and Continuity of Services
 - Mental Health and Rehabilitation Services (MHRS) Local Only
 - Adult Behavioral Health Services MH/SUD

- Network Management and Support Services
- Residential Support and Continuity of Care Services
- Integrated Care/Specialty Services
- Substance Use Disorder Treatment Services
- Long Live DC/State Opioid Response Program
- Behavioral Health Rehabilitation - Local Match

10. **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.

11. **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.

2. COMMITTEE BUDGET RECOMMENDATIONS

a. FISCAL YEAR 2025 OPERATING BUDGET RECOMMENDATIONS

The Mayor's FY 2025 proposed operating budget for the Department of Behavioral Health is \$385,536,240, which represents a 1.4% increase compared with the approved FY 2024 budget. This is largely due to increases in the State Opioid Response Program, Saint Elizabeths Hospital, and the Behavioral Health Local Match for Medicaid. The funding supports 1,411.9 Full-Time Equivalents (FTEs), a 1.9% decrease from the FY 2024 approved level.

Opioid Response

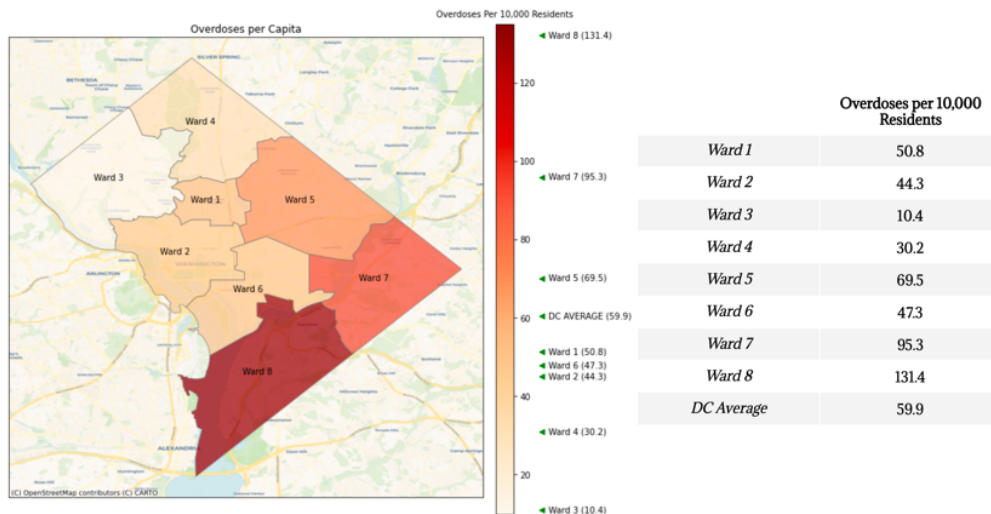
In March 2024, the Mayor introduced LIVE.LONG.DC 3.0 (LLDC 3.0) in response to the escalating opioid epidemic, emphasizing the establishment of a person-centered care system, enhancing connections throughout the care continuum, and fostering a proficient workforce. LLDC 3.0 marks the third update to the original LLDC campaign launched in 2017.

While the Committee acknowledges the Mayor's endeavors via the LLDC strategy to tackle this urgent crisis, the Committee is deeply concerned that, to date, the LLDC strategy has not effectively decreased opioid-related fatal overdoses. According to data from the Office of the Chief Medical Examiner (OCME), opioid-related fatal overdoses are at an all time high. In 2023, there were 522 opioid-related fatal overdoses, averaging 43 deaths per month, reflecting a 13% increase from 2022. Currently in 2024, 20 opioid-related fatalities have been certified by OCME (as of April 17, 2024). Fentanyl, a potent synthetic opioid used primarily for pain management, remains prevalent in nearly all overdose fatalities.

Opioid overdoses continue to disproportionately impact Black residents. OCME reports that in 2023, 83% of those who succumbed to opioid overdoses were Black residents, with the majority being Black men. Wards 7 and 8 experienced the highest number of fatal and non-fatal opioid

overdoses in the District in 2023. The map below illustrates overdoses per capita for each ward in the District in 2022.

Overdoses Per Capita



LLDC 3.0 underscores once again the District’s reliance on naloxone as a key strategy for addressing this crisis. Testimony from Dr. Barbara Bazron, DBH Director, during the FY 2025 budget oversight hearing testified that in 2023, Fire and Emergency Medical Services (FEMS) and community partners reported 8,500 suspected overdose reversals using naloxone. Although the Committee recognizes the important role of naloxone in combatting the opioid crisis, the Committee notes that the majority of fatal overdoses happen at home, where residents cannot self administer naloxone. The Committee believes DBH and its District partners must improve other areas of intervention to effectively decrease fatalities. Issues such as lack of agency coordination, obstacles to treatment and support services, and significant social determinants of health contribute to the rising opioid fatalities and the challenge of individuals accessing and staying in treatment.

On September 18, 2023, Councilmember Henderson, along with the 12 other members of the Council, introduced PR25-0386, the Sense of the Council on the Opioid and Fentanyl Epidemic Resolution of 2023. This resolution urged the Mayor to declare the opioid and fentanyl crisis in the District a public health emergency, recognizing its severity and committing sufficient resources to safeguard the well-being of District residents. The Sense of the Council was approved on November 7, 2023, and on November 13, 2023, Mayor Bowser issued Mayor’s Order 2023-141, declaring a Public Emergency (PE) concerning the Opioid Crisis. This facilitated expedited procurement through contracts and authorized modifications to data sharing agreements between DBH, DC Health, and FEMS. The PE also enabled the deployment of outreach teams to overdose hotspots and affected areas, along with the provision of harm reduction services and supports. Subsequently, on February 27, 2024, the Mayor issued Mayor’s Order 2024-035, declaring a second PE, which the Council extended beyond its original expiration date of March 13, 2024, to instead expire on September 15, 2024.

The Committee applauds several continued investments in opioid response in the Mayor's proposed budget:

- \$36 million to the State Opioid Response program and LLDC, supporting evidence-based prevention, harm reduction, treatment, and recovery strategies;
- \$600,000 for the Substance Abuse and Behavioral Health Services Targeted Outreach Grants, which was established in the FY 2024 budget by the Council through the "Substance Abuse and Behavioral Health Services Targeted Outreach Pilot Act of 2023." This pilot program aimed to assess the effectiveness of providing direct support, fostering relationships, and facilitating resource access for individuals in need of substance abuse and behavioral health services at three locations with concentrated outdoor drug use in Ward 1, 5, and 7; and
- \$14.7 million for the Opioid Abatement Fund.

With nearly \$50 million in settlement funds expected over 18 years, the District's Opioid Abatement Fund was created in 2022 and is administered by the Office of the Attorney General. The fund is intended to support programs and initiatives that address the opioid crisis in the District. DBH's proposed FY 2025 budget includes \$14,656,000 in the Opioid Abatement Fund. In the District, the use of the opioid settlement funds is governed by the Opioid Litigation Proceeds Amendment Act of 2022⁷. Under this law, DBH was required to establish an Office of Opioid Abatement and work with the Mayor and the DC Council to establish an Opioid Abatement Advisory Commission ("Commission"). The 21 member commission was seated in October 2023, the first meeting took place on October 25, 2023, and the Committee has met monthly since then. Details on the Commission, including a full list of Commission members, meeting minutes, and the links for meetings can be found on DBH's website.⁸

The Commission identified and recommended focus areas for spending during the February 2024 meeting, and DBH created a schedule to implement these recommendations. Within the initial 9 months of its launch, DBH has awarded \$2.7 million in grants and contracts using Opioid Abatement Funds. The agency plans to award another \$2.8 million by June 2024. Additionally, the agency released a Notice of Funding Availability for Opioid Abatement Strategic Impact Grants, amounting to up to \$7 million, on its website on May 1, 2024. Initial grants and contracts include funding for a youth prevention media campaign, expansion of youth substance use disorder treatment services, enhancement of existing faith-based prevention programs, enhancements of the FEMS Overdose Response Team, and increasing housing services to consumers post-SUD treatment.

The Committee is working with DBH and the leadership of the Commission to ensure that settlement funds are being used strategically and equitably. After consultation with DBH and the Commission, **the Committee dedicates \$1,125,000 of the Opioid Abatement Funds in its Budget Support Act Subtitle "Opioid Abatement Directed Funding Amendment Act of 2024", as follows:**

1. **\$400,000 to expand the Substance Abuse and Behavioral Health Targeted Outreach Grant** through the Subtitle "Substance Abuse and Behavioral Health Services Targeted Outreach Grants Act of 2024" (\$200,000 per site) to include sites in Wards 5 and 6. As

⁷ Opioid Litigation Proceeds Amendment Act of 2022." D.C. Law 24-315.

⁸ <https://dbh.dc.gov/page/opioid-abatement-advisory-commission-01>

described above, this initiative was established by the Council in the FY 2024 budget with the objective of assessing the effectiveness of offering direct assistance, cultivating connections, and streamlining resource accessibility for individuals requiring substance abuse and behavioral health services at opioid use hotspots. The areas that would be supported by Opioid Abatement Funds include:

- The vicinity of King Greenleaf Recreation Center located at 201 N Street, SW; and
 - The vicinity of the of the 1300-1700 blocks of North Capitol Street, NW and 1600-1700 blocks of Lincoln, Road, NE.
2. **\$325,000 to continue the School-Based Behavioral Health Peer to Peer Pilot** for a second year. This program, created by the Council in the FY 2024 budget, provides grants to a Community-Based Organization to train and supervise a team of students who enhance access to behavioral health services and resources while educating their peers on behavioral health topics, including opioid and drug prevention. Further details on the pilot and the School-Based Behavioral Health program are provided below. The continuation of this pilot is required under the Committee’s subtitle “School-Based Behavioral Health Student Peer Educator Pilot Amendment Act of 2024”.
 3. **\$400,000 to restore the funding loss resulting from the expiration of a federal grant for the Office of the Chief Medical Examiner Illicit Drug Surveillance.** This funding sustains the Office of the Medical Examiner's forensic toxicology testing capabilities and supports the development of innovative forensic testing methods. These tests provide crucial data on suspected opioid-related fatalities, enabling agencies to respond effectively to the opioid crisis. They involve the analysis of tissue, blood, and other samples from individuals suspected to have died from an opioid overdose. Without this work, a comprehensive understanding of the role of opioids and other toxic substances in District fatalities would be unattainable.

Ward 8 has consistently recorded the highest number of drug overdose fatalities attributed to opioid use each year since 2018. Consistent and intensive outreach and support in Ward 8 could significantly enhance individuals’ connection with services and resources, facilitating their entry into treatment and recovery. **Therefore, the Committee accepts a transfer from the Committee on Recreation, Libraries, and Youth Affairs and recommends an enhancement of \$200,000 in one time local funds for Program 700286 Adult Behavioral Health Services Mh/Sud, Cost Center 70424 Sud Prevention Office and Account 7141007 Grants & Gratuities to establish an additional site within the Substance Abuse and Behavioral Health Targeted Outreach Pilot in the vicinity of the 1300-1800 blocks of Marion Barry Avenue, S.E.**

The Committee also accepts a transfer from the Committee on Public Works and Operations and recommends enhancement of \$750,000 in one time local funds for Program 700286 Adult Behavioral Health Services Mh/Sud, Cost Center 70424 Sud Prevention Office and Account 7141007 Grants & Gratuities. These funds would be utilized by DBH to award a grant to an organization responsible for maintaining a Main Street corridor in Ward 1. The grant aims to provide direct support, foster relationship development, and facilitate resource brokering for individuals at the following locations:

- Columbia Heights Civic Plaza;
- The intersection of Mount Pleasant Street, NW and Kenyon Street, NW;
- Georgia Avenue, NW, between New Hampshire Avenue, NW, and Harvard Street, NW; and
- U Street, NW, between 14th Street, NW, and Georgia Avenue, NW.

Saint Elizabeths Hospital

DBH’s FY 2025 proposed budget for Elizabeths Hospital is \$112,139,000 representing a \$9,372,000 increase from FY 2024. DBH attributes increases primarily to several personnel service increases, notably impacted by the Collective Bargaining Agreements, which fail to fully cover associated costs. Consequently, the agency encountered underfunding, especially concerning aspects such as night differential, weekend pay, and overtime, which were not adequately budgeted for. **The Committee recommends maintaining the proposed increase of funding for the District’s only publicly owned behavioral health hospital and encourages DBH to ensure that the funding is focused on improving patient care and outcomes.**

School-Based Behavioral Health Services

The proposed funding for the School-Based Behavioral Health (SBBH) program in FY 2025 is \$28,362,000, reflecting a \$9,977,000 decrease from FY 2024. This funding includes grants to Community-Based Organizations (CBOs) at a rate of \$80,819.67 per clinician. Notably, there’s been a reduction from FY 2024 funding, which included a one-time American Rescue Plan Act (ARPA) funding for recruitment and retention bonuses, which brought the FY 2024 total to \$89,366.22 per clinician. The Mayor’s FY 2025 proposed budget excludes funding for such bonuses.

Funding Per Clinician for FY 2025

Core Budget Funded by Local Funds	Amount Per School Clinician
<input type="checkbox"/> Clinician's salary for non-billable services	\$63,153.00
<input type="checkbox"/> Supervision (1:6 ratio)	+ \$16,666.67
<input type="checkbox"/> Workforce development	+ \$ 1,000.00
Total FY 2025 Per School Clinician Funding	\$80,819.67

The SBBH program aims to provide a comprehensive range of behavioral health services and resources to students attending public and public charter schools. To ensure the delivery of preventive and early intervention services not covered by Medicaid, the District government has opted to cover 50% of a clinician’s salary. The program operates on a tiered intervention system: Tier 1 focuses on mental health promotion and prevention activities for all students. Tier 2 provides targeted interventions for students at risk of developing behavioral health problems. Tier 3 offers intensive supports and treatment for individual students experiencing behavioral health issues.

Last year, the Committee urged DBH to assess whether the financial model for the SBBH program required modification. In the agency’s budget pre-hearing responses and during the budget oversight hearing, DBH shared its intent to reimagine the SBBH framework. DBH is exploring strategies such as clustering schools with a shared clinician, employing non-clinicians for Tier 1 and 2 services, and enhancing engagement with schools. DBH is also working with the Department of Healthcare Finance (DHCF) and the Insurance Commissioner to understand clinician Medicaid and private insurance billing and identify issues that the agency might need to address to improve billing for Tier 3 services.

During the FY 2025 performance and budget oversight hearings, the Committee received testimony from public witnesses advocating for additional funding to increase CBO clinician grants. While acknowledging the importance of adequate clinician compensation for a robust SBBH program, the Committee agrees with DBH's assessment that achieving full-time clinician coverage at every District public and public charter school remains a significant challenge. Despite efforts to recruit and retain clinicians, the percentage of schools with a clinician present has never surpassed 65%, even in years when CBOs received additional funding for hiring and retention initiatives.

During the 2023-24 school year, DBH initiated two SBBH pilots aimed at mitigating challenges with clinician hiring and retention. At the urging of the Committee and a number of public charter schools, Pilot 1B allocated funding directly to District public charter schools to hire full-time clinicians. Currently, there are seven schools participating in this initiative. Additionally, DBH introduced another pilot, implementing a hybrid telework model for public or public charter schools. This initiative prioritized adult-learner programs or high schools that are paired with a CBO but have a vacant clinician position, with three schools participating in this pilot.

The persistent workforce shortages in the behavioral health field further compound this issue, making it unlikely that all clinician positions will be filled. **Therefore, the Committee does not recommend increasing the FY 2025 budget for the SBBH program. However, the Committee commits to continuing to work with DBH to establish a new funding model prior to the FY 2026 budget formulation process.**

Peer-Based Mental Health Services

Over the past four years, the Committee has heard from numerous students during performance and budget oversight hearings, expressing concerns about the lack of accessible and quality behavioral health services and supports in their high schools. In response, the Committee proposed in the FY 2024 budget the addition of a subtitle, the School-Based Behavioral Health Student Peer Educator Pilot Amendment Act of 2023, aimed at closing the gap in access to behavioral health services by involving students in the initiative. By engaging students in this capacity, the District is able to tap into students' ability to relate to and connect with their peers, fostering a supportive environment conducive to open discussions on behavioral health topics. With an allocation of \$325,000, DBH was tasked with awarding funds to one or two community-based organizations to recruit, train, and supervise at least 100 peer educators, with a preference for programs targeting high schools in Wards 5, 7, and 8.

Despite a detailed outline being provided in the subtitle, DBH took nearly five months to release the Request for Applications for the program, which was especially troublesome considering its intention to engage students during the school year. Following a competitive selection process, in April 2024, DBH awarded the Young Women's Project a grant to implement the School-Based Behavioral Health Student Peer Educator Pilot. The pilot was scheduled to begin in April or May 2024, and the Committee eagerly anticipates learning about the initial progress of the students' efforts.

The Mayor did not include funding in DBH’s proposed FY 2025 budget for a second year of the pilot. **Therefore, the Committee recommends an enhancement of \$325,000 in FY 2025 for a second year of the School-Based Behavioral Health Student Peer Educator Pilot**, pursuant to the Budget Support Act subtitle included in Appendix G. As described above, the Committee recommends that funding for this be allocated from the Opioid Abatement Settlement fund.

Court Urgent Care Clinic

In the proposed FY 2025 budget, the Mayor intended to eliminate the Urgent Care Clinic (UCC) located within the Superior Court of the District of Columbia Moultrie Courthouse and operated through a contract with DBH by Pathways to Housing. Established in 2008, the UCC serves individuals engaged with the court system who require mental health or substance use services. The clinic’s mission is to broaden access to care, positively impacting community well-being by offering same-day psychiatric assessments and facilitating connections to community-based treatment providers and necessary support services for housing, clothing, or food. Through crisis intervention, temporary treatment provision, and long-term treatment referrals, the clinic plays a crucial role in breaking cycles of untreated mental illness and incarceration.

This innovative model effectively addresses the multifaceted needs of court-involved individuals, preempting costly and unnecessary interventions while fostering improved outcomes and community safety. Discontinuation of funding would disrupt vital services, potentially increasing reliance on law enforcement, and exacerbating mental health crises, thus undermining broader efforts to enhance mental health care access and reduce justice system disparities.

Since 2012, Pathways to Housing, a District non-profit, has operated the Urgent Care Clinic at DC Superior Court. According to testimony from the organization’s President and CEO, Christy Respress, presented at the FY 2025 Department of Behavioral Health budget oversight hearing, the clinic has served over 7,100 unique adults and youth, with tens of thousands of follow-up visits. Despite reduced utilization during the pandemic due to virtual court proceedings, Pathways to Housing reported that the clinic served 132 clients in FY 2022, 189 clients in FY 2023, and as of April 2024, 315 clients in FY 2024 thus far. Sustaining the clinic's operation is crucial for ensuring equitable access to mental health services and preventing unnecessary crises.

The Committee heard from numerous agencies and organizations including the Public Defender Service for the District of Columbia (PDS), the United States Attorney’s Office (USAO) for the District of Columbia, and the American Federation of Government Employees, AFL-CIO regarding the importance of the Urgent Care Clinic. Katerina Semyova, Special Counsel to the Director for Policy at PDS, highlighted the clinic's role in connecting individuals to treatment, thereby averting potential detention pending transfer to a treatment facility. She underscored the clinic's ability to intervene in mental health crises at the courthouse and facilitate referrals for necessary treatment after addressing acute crises. “Without access to this clinic, court-involved individuals with mental illness will be disenfranchised once ahaoo, as their access to voluntary services will be severed.”⁹

⁹ Semyonova, Katerina. “Urgent Care Clinic at DC Superior Court-Funding Concerns.” Received by Marcia Huff, April 11, 2024.

In FY 2025, the Mayor intended to cut funding for the Urgent Care Clinic, although due to an error, the contract was included in DBH's budget. To maintain funding for the clinic in FY 2025, **the Committee recommends maintaining the \$907,020 currently allocated for the Clinic in DBH's budget and requires DBH to spend this funding on the Clinic, pursuant to the Budget Support Act subtitle "Mental Health Court Urgent Care Clinic Amendment Act of 2024".**

Problem Gambling

The National Council on Problem Gambling estimates that between 12,000 and 15,000 District residents grapple with gambling addiction. In 2023, the National Problem Gambling Helpline (1-800-GAMBLER) received 6,572 calls, texts, and chats from District residents, highlighting the pressing need for support. Individuals struggling with gambling problems face heightened risks of suicide, substance dependence, and financial ruin.

On March 5, 2024, the Council unanimously approved the Problem Gambling Awareness Month Recognition Resolution of 2024, introduced by Councilmember Christina Henderson alongside Councilmembers Allen, Parker, McDuffie, Frumin, Bonds, Nadeau, and R. White. This resolution designated March 2024 as Problem Gambling Awareness Month in the District, acknowledging the importance of shedding light on problem gambling as a significant public health concern affecting millions across demographics.

In 2019, when sports betting was legalized in the District, the first \$200,000 in revenue was designated to fund programs addressing gambling addiction through DBH. However, despite this allocation in DBH's budget for fiscal years 2020 to 2023, it remains unclear how these funds were utilized to tackle problem gambling. Disappointingly, DBH's budget for Gambling Addiction Treatment and Research was eliminated in FY 2024.

During the FY 2022 DBH performance oversight hearing, Cole Wogoman, Senior Manager of Government Relations and League Partnerships at the National Council on Problem Gambling, testified that DBH made minimal effort to use the allocated \$200,000 for problem gambling initiatives. He shared that a solicitation issued by DBH in fall 2022 was closed within two weeks, citing a lack of satisfactory quotes submitted. Despite DBH's assertion in response to FY 2024 budget oversight questions that it can support gambling disorder treatment through existing mental health services, crucial information on problem gambling treatment and support remains absent from the DBH website, potentially hampering access to available services for those in need.

In response to the Committee's FY 2025 budget oversight post-hearing inquiries, DBH highlighted that District residents could access specialized services for Problem Gambling Disorders (PGD) via its network of certified substance use disorder providers, with Medicaid covering these services. The Committee welcomed the news that DBH organized 30 hours of training for network providers in September 2023, aimed at enhancing their proficiency in screening, assessing, and treating individuals with PGD, with participation from 44 community providers. **The Committee therefore accepts a transfer from the Committee on Business and Economic Development and recommends an enhancement of \$300,000 in recurring local funds for Program 700286 Adult Behavioral Health Services Mh/Sud, Cost Center 70424 Sud Prevention Office and Account 7141007 Grants & Gratuities to increase resources and support for individuals struggling with Problem Gambling Disorder.**

b. FISCAL YEAR 2025 - 2030 CAPITAL BUDGET RECOMMENDATIONS

The Mayor's proposed FY 2025 – FY 2030 capital budget request for DBH is \$7,280,000. The proposed capital budget is exclusively allocated for improvements to Saint Elizabeths Hospital facilities. **The Committee recommends maintaining the Mayor's proposed FY 2025 capital budget for DBH.** These projects address various vital aspects of infrastructure and safety within the hospital premises:

1. **Building Automation System Replacement (\$1 million):** This funding will be used to replace the hospital's existing system and prevent violations of the DC Hospital Regulation code. Without it, the hospital's heating and cooling components would gradually deteriorate due to improper default settings.
2. **New Domestic Cold Water Bypass Line (\$280K):** Installation of a new domestic cold water bypass line will provide the hospital with a secondary line from the city water main supply, enhancing reliability and resilience of water supply infrastructure.
3. **New Air Handler Unit (\$3 million):** This funding will facilitate the installation of a new Air Handler Unit, crucial for regulating and circulating air within the hospital's heating, ventilation, and air conditioning (HVAC) systems.
4. **Critical Fire and Life Safety System Upgrade (\$1.5 million):** This funding will bring the hospital's fire and life safety systems into compliance with industry standards. It involves the installation of smoke detectors, heat detectors, pull stations, and duct detectors to enhance safety for hospital occupants during emergencies such as fires, security breaches, gas leaks, or power failures.
5. **Replacement of Furniture in Patient Care Areas (\$1.5 million):** This allocation will fund the replacement of furniture in patient care areas, ensuring a comfortable and conducive environment for patients undergoing treatment and recovery.

3. COMMITTEE POLICY RECOMMENDATIONS

The Committee recommends the agency adopt the following policy changes:

1. Reassess and revitalize the School-Based Behavioral Health Community of Practice.

A notable change in the FY 2025 budget is DBH's decision to terminate the contract with George Washington University for the SBBH Community of Practice (CoP). While the Committee does not recommend restoring funding for the CoP contract in this budget cycle, it encourages DBH to reassess the role of the CoP. The CoP was envisioned to bolster the District's Comprehensive Expansion of School-based Behavioral Health Services by fostering a peer learning environment for School Behavioral Health Coordinators, CBOs, DBH clinicians, and other school-based team members. However, it faced challenges in engaging CBOs, leading to structural adjustments aimed at enhancing effectiveness. These adjustments included accommodating different schedules, forming and merging various working groups, and recruiting new facilitators.

During the Committee's FY 2025 budget oversight hearing on DBH, witnesses advocated for the restoration of funds for the CoP. Testimony underscored its pivotal role in ensuring workforce sustainability, fostering practice improvement, and facilitating knowledge sharing. Amber Rieke,

Project Lead at A Path Forward, Children’s Law Center, emphasized that “[t]he Community of Practice was essential to workforce sustainability, as it brought together providers, staff, and school leaders in a collaborative learning environment to share best practices, offer support, and engage in learning activities.”

Recognizing the role of the CoP, the Committee recommends reevaluating its function with a proactive, goal-oriented, and benchmark-based approach. The CoP can act as a bridge between school communities, clinicians, and DBH, ensuring alignment towards unified goals while employing tailored strategies for each school, guided by common metrics. The relaunch should involve tailoring specific goals, conducting assessments, administering universal assessments, collaborating with stakeholders to devise support strategies, enhancing staff development, establishing an online platform for resource sharing, and serving as a gateway for engagement on mental health and wellness issues.

2. Develop online mental health crisis education and training materials for emergency response, healthcare professionals and laypersons.

On February 5, 2024, Councilmember Henderson, along with Councilmembers Nadeau, Parker and Bonds, introduced the Enhancing Mental Health Crisis Support and Hospitalization Amendment Act of 2024, aimed at improving mental health crisis support services and hospitalization procedures in the District. Scheduled for a hearing on July 11, 2024, this legislation seeks to enhance access to care and protect the rights of individuals undergoing involuntary commitment processes. The legislation would require DBH to develop online training modules for healthcare professionals and laypersons, focusing on the District's mental health law and voluntary and involuntary commitment procedures. Additionally, DBH would be required to create an online resource to educate individuals about their options for mental health treatment and protection, particularly those at risk of self-harm or harming others, ensuring accessible and comprehensive information.

The Committee urges DBH to develop online education and training materials as a proactive strategy to promote mental health awareness, provide support, and improve outcomes for individuals in crisis. Creating online education and training materials on emergency mental health treatment, including involuntary and voluntary hospitalization, serves several crucial purposes:

- Increasing Awareness and Understanding: These materials help increase awareness and understanding among both laypersons and health professionals about emergency mental health treatment options and criteria for involuntary hospitalization, reducing stigma and fostering empathy.
- Empowering Communities: Accessible information empowers communities to recognize signs of mental health emergencies and take appropriate action, potentially mitigating crisis severity and improving outcomes.
- Enhancing Collaboration: Online materials facilitate collaboration between DBH, other agencies, healthcare providers, and emergency services, ensuring access to up-to-date best practices and promoting consistency in care.
- Promoting Timely Intervention: Timely intervention is critical in mental health emergencies. Online training enables individuals and professionals to learn warning signs and appropriate response steps, facilitating earlier intervention and crisis prevention.

- Ensuring Informed Decision-Making: Clarifying legal and ethical considerations surrounding involuntary hospitalization is vital. Online materials provide comprehensive information to support informed decision-making by both laypersons and health professionals.
- Addressing Knowledge Gaps: Online resources bridge gaps in education and training accessibility, offering readily available information regardless of geographical location or time constraints.

4. Explore piloting a peer-response model for those struggling with hoarding disorder.

Last year, the Committee's FY 2024 Budget Report included recommendations urging DBH to increase resources for individuals grappling with hoarding disorder (HD). Additionally, this year, the Committee encourages DBH to explore piloting a peer-response team model to provide targeted support for those struggling with HD. During FY 2023 performance and FY 2025 budget oversight hearings, the Committee received testimony, including from Hilary Kacser, emphasizing the urgent need for DBH to increase support for individuals contending with both hoarding and related disorders. Kacser stressed the importance of early DBH intervention, stating that it would not only be cost-saving but also life-saving, underscoring the potential of a modest investment in training DBH providers to recognize and address harm associated with HD symptoms.

According to the International OCD Foundation, it is estimated that between 2% and 6% of the population may be affected by HD, yet individuals with this condition often face significant stigma, hindering their access to necessary assistance. HD can cause social isolation, financial strain, and health complications, with behaviors associated with hoarding posing risks of fire-related injuries and property damage. Accumulation of combustible materials such as paper and cardboard heightens the risk of fires, while cluttered environments impede both escape routes and firefighting efforts in the event of an emergency.

Peer-response teams can be a valuable tool in addressing HD by providing individuals with lived experience the opportunity to connect, share, and support each other in their recovery journey. Individuals struggling with HD can benefit from peer support in the following ways:

- Shared Experience, Understanding, Accountability, and Motivation: Peer-response teams supporting individuals with HD bring together those who have faced similar challenges, fostering empathy and validation. This environment promotes accountability as participants hold each other responsible for their actions and commitments.
- Role Modeling and Inspiration: These teams feature individuals successfully managing HD, serving as role models and sources of inspiration. Their stories demonstrate that recovery is possible, offering hope for a better future.
- Practical Coping Strategies: Beyond emotional support, peer-response teams offer practical coping techniques and skills. Participants share helpful strategies such as cognitive-behavioral techniques, mindfulness practices, and healthy lifestyle changes.
- Reduced Stigma and Isolation: HD sufferers often experience shame and isolation, but peer-response teams provide a safe, non-judgmental space. Here, individuals can openly discuss their experiences without fear of stigma, fostering a sense of belonging and acceptance that promotes healing.

5. Explore the establishment of a behavioral health urgent care clinic.

The Committee recommends that DBH explore the establishment of a Behavioral Health Urgent Care (BHUC) clinic in the District to address the pressing emergency and urgent behavioral health needs of District residents. The failure to provide meaningful care to our most vulnerable residents has profound consequences for both individuals and the District as a whole. Individuals grappling with serious mental illness (SMI) encounter heightened risks of homelessness, extreme poverty, and victimization, with mortality rates up to 25 years earlier than those without significant behavioral health diagnoses. Moreover, the current emergency department model often fails to adequately address the acute needs of patients in crisis, leading to prolonged wait times and disjointed care transitions.

During the Committee's FY 2025 budget oversight hearing for DBH, Dr. Sarah Goldman, an emergency medicine physician, presented a proposal for a BHUC. Dr. Goldman emphasized the importance of providing timely, evidence-based care in a compassionate and comprehensive manner. The proposed clinic would feature an Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) unit, specifically tailored to evaluate and treat individuals with acute psychiatric needs, such as suicidal ideation, in a calming and supportive environment. Additionally, a co-located walk-in center will offer services for individuals with lower acuity needs, including brief crisis intervention, medication refills, and Medication for Opioid Use Disorder (MOUD) services.

The clinic would foster integration between behavioral health and physical health services, guaranteeing that individuals receive comprehensive care tailored to their specific needs. The BHUC would not only provide immediate crisis intervention, but also facilitate ongoing care coordination and linkage to follow-up services. This includes referrals to outpatient counseling, medication management, and community support programs. By promoting continuity of care, the BHUC would ensure that individuals receive ongoing support and resources to address their behavioral health needs beyond the acute crisis period.

During the April 11, 2024 DBH FY 2025 budget oversight hearing, Dr. Bazron testifies that the BHUC model appeared similar to the services already provided through DBH's Comprehensive Psychiatric Emergency Program (CPEP). However, Dr. Patrick Canavan, a District psychiatrist with over 30 years of experience in mental health services, including leadership roles at Saint Elizabeths Hospital and Howard University Hospital, highlighted notable distinctions between CPEP and the proposed BHUC approach. Dr. Canavan identified three key differences between the BHUC and CPEP. First, care delivery via the BHUC would be both tailored to the individual's needs and definitive: clients requiring acute care for suicidal ideation will receive multimodal therapy and seamless transitions to trusted outpatient community services, whereas CPEP offers limited treatment options beyond medication management. Second, BHUC is designed to address whole-person care, incorporating onsite and/or virtual MOUD and physical health providers as part of routine treatment. Third, there is compelling evidence demonstrating that BHUCs have led to reduced ED visits and inpatient hospitalizations, increased satisfaction among patients and providers, and greater utilization of outpatient services.

Through investment in innovative care models like BHUCs and co-located walk-in centers, DBH can elevate patient outcomes, decrease healthcare costs, and ultimately, uplift the overall well-being of our community members.

6. Prioritize the preparation and timely release of grants to ensure efficient utilization of allocated funds.

The Committee recommends that DBH prioritize the preparation and timely release of grants to ensure efficient utilization of allocated funds and to prevent unnecessary delays in program implementation. Timely release of grants is crucial to prevent waste of funds and to expedite the launch of programs.

Delayed release of grants and contracts often results in underutilization of allocated funds, leading to missed opportunities to address pressing mental health and substance abuse challenges. Additionally, delayed release of grants and contracts can significantly impact the timely implementation of essential programs and initiatives, disrupting service delivery and hindering access for District residents. For instance, despite the allocation of funds in FY 2024 for the School-Based Behavioral Health Student Peer Educator Pilot, the Request for Applications was not released until February 2024, and the agreement with the grantee was not signed until April 2024. Despite the significant details provided in the BSA subtitle, DBH indicated in the agency's FY 2023 performance oversight pre-hearing responses that the scope of work was still being finalized. Consequently, the grantee organization commenced their work with less than three months left in the school year, underscoring the need for timely release of grants and contracts to ensure effective program implementation.

Timely release of grants allows DBH-funded grantees to effectively plan and execute their activities, leading to better outcomes for individuals seeking mental health and substance abuse services. By ensuring that programs are launched without delay, DBH can maximize the impact of its initiatives and better meet the needs of the community.

Department of Health Care Finance (HT0)

1. AGENCY MISSION AND OVERVIEW

The mission of the Department of Health Care Finance (DHCF) is to improve health outcomes by providing access to comprehensive, cost-effective, and quality health care services for residents of the District of Columbia.

Summary of Services

The Department of Health Care Finance provides health care services to low-income children, adults, the elderly, and persons with disabilities. More than 300,000 District of Columbia residents (approximately 45 percent of all residents) receive health care services through DHCF's Medicaid and Alliance programs. DHCF strives to provide these services in the most appropriate and cost-effective settings possible.

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

1. **Health Care Delivery Management:** 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. HCDCM 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 Health Check/EPST, CHIP, and the Immigrant Children's Program.
 - Quality and Health Outcome - 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.
 - Divisions 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.
 - Health Care Delivery Management Support Services – provides administrative support functions to the Health Care Delivery Management division.

2. **Long-Term Care Program:** 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, 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.
 - Intake and Assessment - oversees nurse unit responsible for access to Long Term Care Services and Support Assessments (LTCSS) including Delmarva assessments, Qualis Health Level of Care reviews, coordination with Aging and Disability Resource Center (ADRC), and Intellectual or Developmental Disabilities (IDD) acuity level reviews/approvals.

3. **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.
 - 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, FY 2023 Approved Budget and Financial Plan Department of Health Care Finance and future healthcare delivery systems.
 - Member Management (Eligibility Policy) – serves as liaison to District and federal agencies regarding eligibility-related matters.
 - Health Care Policy and Planning Support (Health Care Policy and Research Support) – provides administrative support functions to the Health Care Policy and Planning Administration.

4. **DC Access System (DCAS):** 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:
 - DCAS Program Management - manages all operational and functional activities related to the DCAS project.
 - DCAS Project Management - manages all project management and functional activities related to the DCAS project.
 - DCAS Organizational Change Management - manages all historical, current, and forecasted project initiatives associated with Organization Change Management.
 - DCAS Information Technology - manages the operational tasks and maintenance for the DCAS project.
5. **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.
 - Alliance Provider Payment – provides payment to Alliance providers.
6. **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 System (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.
 - 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.
 - Health Care Operations Support (Health Care Operations Support Services) – provides administrative support functions to the Health Care Operations division.
7. **Eligibility and Enrollment (E&E):** 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 build 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.
8. **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.
9. **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.

2. **COMMITTEE BUDGET RECOMMENDATIONS**

a. **FISCAL YEAR 2025 OPERATING BUDGET RECOMMENDATIONS**

The Mayor’s FY 2025 proposed budget for the Department of Health Care Finance (DHCF) is \$4,863,666,552, which includes \$1,043,922,025 in local funds. The proposed FY 2025 budget includes 378.1 FTEs, a 3.1% increase from FY 2024 approved levels. A key consideration in the budget development processes for DHCF was balancing the challenging budget environment in 2025, compounded by the fact that FY 2025 will be the first year in the past 4 years without the enhanced federal Medicaid Assistance Percentage (EFMAP) as enacted during the COVID-19 public health emergency. However, DHCF is required to maintain eligibility for all DC residents eligible for public health care and ensure compliance with federal Centers for Medicare and Medicaid Services (CMS) requirements, maintain services based on reasonable clinical determinations, and support programs in the community to achieve better health outcomes.

Medicaid Inpatient and Outpatient Hospital Directed Payments

DHCF is proposing two Budget Support Act subtitles to codify the implementation and process to tax and reimburse hospitals using the Average Commercial Rate (ACR): the Medicaid Inpatient Hospital Directed Payment Act of 2024 and the Medicaid Outpatient Hospital Directed Payment Act of 2024. The two subtitles are similar and are structured as follows:

Medicaid Inpatient Hospital Directed Payment Act:

Beginning October 1, 2024, the District will tax each qualified hospital on their inpatient net revenue at a universal rate (the ACR). The tax will generate an amount sufficient to fund the Inpatient Hospital Directed Payment Fund, from which DHCF deducts a 12% District Retention. The District Retention will be used for Medicaid FFS local funding and will partially fund the salary and benefits of one FTE. MCOs administer the remainder (the local share of the fund),

which receives a federal match. The total amount (local share + funds from the federal match) is paid back to the hospitals as the Inpatient Hospital Directed Payment.

The expected local revenue of the Inpatient Hospital Directed Payment Fund is \$81 million in FY2025 and \$324.66 million over the financial plan. The subtitle sunsets on September 30, 2029, at the end of the financial plan.

Medicaid Outpatient Hospital Directed Payment Act

Beginning October 1, 2024, the District will tax each qualified hospital on their outpatient gross revenue at a universal rate (the ACR). The tax will generate an amount sufficient to fund the Outpatient Hospital Directed Payment Fund, from which DHCF deducts a 12% District Retention. The District Retention, same as the previous Act, will be used for Medicaid FFS local funding and will fund the remainder of the salary and benefits of one FTE. MCOs administer the remainder (the local share of the fund), which receives a federal match. The total amount (local share + funds from the federal match) is paid back to the hospitals as the Outpatient Hospital Directed Payment.

The expected local revenue of the Outpatient Hospital Directed Payment Fund is \$46.4 million in FY2025 and \$185.59 million over the financial plan. The subtitle sunsets on September 30, 2029, at the end of the financial plan.

Being reimbursed at the ACR means that participating hospitals are not eligible for supplemental federal payments, which means that participating hospitals will lose their Disproportionate Share Hospital (DSH) payments.¹⁰ The loss of DSH payments would uniquely impact Howard University Hospital, who has a patient population that is over 80% Medicaid.¹¹ For that reason, Howard University Hospital is exempted from the tax portion of the program and DHCF will need to submit a waiver to CMS to approve this exemption.

These subtitles are revenue generators both for the District and the hospitals, with the intention of promoting expanded access for Medicaid beneficiaries. Anticipated FY 2025 revenue as shared by DHCF below (rounded estimates):

Inpatient Directed Payment Fund Revenue	\$81 million
Outpatient Directed Payment Fund Revenue	\$46.4 million
Total ACR Tax Revenue (<i>Inpatient + Outpatient Payment Funds</i>)	\$127.5 million
District Retention Fee (<i>12% deducted from the total ACR tax revenue</i>)	\$13.7 million
Net ACR Tax Revenue	\$113.8 million
Local Share of Inpatient + Outpatient Funds (<i>Component of Payments to MCOs</i>)	\$113.8 million
Federal Medicaid Match of Inpatient + Outpatient Funds	\$368.8 million
Total Payment to MCOs	\$482.6 million
Healthy DC Tax Payment (<i>MCO tax</i>)	\$9.7 million
Total State Directed Payments to Hospitals	\$472.9 million

¹⁰ Federal law requires that state Medicaid programs make Disproportionate Share Hospital (DSH) payments to qualifying hospitals that serve a large number of Medicaid and uninsured individuals.

¹¹ *Metropolitan Anchor Hospital Case Study: Howard University Hospital*. American Hospital Association. (June 2022). Accessed May 2, 2024 at: <https://www.aha.org/system/files/media/file/2022/10/Howard-University-Hospital-MAH-Case-Study.pdf>.

The total State Directed Payments (\$473 million) will be paid out to each hospital with a formula based on MCO beneficiaries’ hospital utilization (see table above for anticipated hospital revenue). The 12% District Retention fee, which generates \$13.7 million in FY 2025, is intended to help supplement medical expenditures in the FY 2025 DHCF budget. In future years the District Retention could be used for the General Fund, but that is not reflected across the financial plan.

The Committee recommends increasing the District retention rate by 1.125% total, from 12% to 13.125%. This will generate an additional \$1.28 million in revenue, which the Committee proposes using to fund D.C. Law 25-124, the Prior Authorization Reform Amendment Act of 2023, which passed in November 2023. The law establishes prior authorization guidelines and requirements that health insurance utilization review entities must follow and includes four components: Accelerated Prior Authorization Review, Five-Year Determination History, Adverse Determination and Appeals Credentialing Requirements, and Public Facing Determination Statistics. The Committee recommends funding two of the four components of the bill:

- **Accelerated Prior Authorization:** Currently, MCO contracts stipulate that standard non-urgent prior authorizations must be completed by a utilization review contractor within 14 calendar days of receiving a request with the option of a 14-calendar-day extension by DHCF. Implementing this new law will require a maximum five-day turnaround period for non-urgent authorizations. Likewise, MCO contracts stipulate that urgent care prior authorizations must be completed within 72 hours. The bill requires a turnaround time of 24 hours. To comply with the accelerated turnaround requirements in the bill, MCOs will need to hire additional staff to complete authorization reviews. **The Committee funds the full cost of accelerating prior authorization review estimated by the OCFO in the Fiscal Impact Statement:**

Bill 25-124, Prior Authorization Reform Amendment Act of 2023					
Accelerated Prior Authorization Review (\$ in thousands)					
	FY 2024	FY 2025	FY 2026	FY 2027	Total
Local	\$490	\$498	\$507	\$515	\$2,010
Federal	\$1,225	\$1,246	\$1,267	\$1,289	\$5,026
Total	\$1,715	\$1,744	\$1,774	\$1,804	\$7,036

- **Adverse Determination:** The bill requires that all adverse determinations and decisions on appeals of adverse determinations be made by a licensed physician who specializes in managing the medical condition or disease involved in a request and is licensed to practice in the District of Columbia, Maryland, or Virginia. MCOs and the fee-for-service utilization review contractor must hire subcontractors who meet the credentialing requirements required in the bill. These subcontractors bill MCOs and the fee-for service utilization review vendor on a per case basis. **The Committee funds the full cost of enhanced adverse determination and appeals credentialing requirements estimated by the OCFO in the Fiscal Impact Statement:**

Bill 25-124, Prior Authorization Reform Amendment Act of 2023					
Adverse Determination and Appeals Credentialing Requirements Cost (\$ in thousands)					
	FY 2024	FY 2025	FY 2026	FY 2027	Total
Local	\$734	\$746	\$759	\$772	\$3,011
Federal	\$1,950	\$1,983	\$2,017	\$2,051	\$8,001
Total	\$2,684	\$2,729	\$2,776	\$2,823	\$11,012

The other two components of the bill: the Five-Year Determination History and the Public Facing Determination Statistics are MCO-specific costs for upgrading and maintaining their websites to provide this information. The Committee recommends that MCOs fund these upgrades independently to improve beneficiary service and patient care. In the Committee’s BSA Subtitle “Prior Authorization Reform Amendment Act of 2024”, the Committee recommends exempting health plans under Medicaid and the HealthCare Alliance from these requirements, thus enabling the Committee to repeal the subject to appropriations clause for the legislation.

The Committee is requiring, through the Committee Prints of the BSA subtitles, that DHCF capitalize on the transformative opportunities provided by the ACR revenue. This program is intended to support hospitals in providing community benefits and the Committee amends the subtitle to require that DHCF directs the hospitals to spend their additional revenue on specific policy goals, including improving maternal and child health outcomes, discharge for long term care and transitions of care plans, substance use treatment, and workforce pipelines. The Committee recommends that DHCF work with the hospitals to ensure existing programs that fit within this framework are supported.

Medicaid Enrollment and Provider Payments

DHCF’s budget is split between administrative and provider payment segments with the latter accounting for nearly 90% of the agency’s local budget. There are over 50 provider types within the provider payments budget and the increases and decreases per provider types varied significantly. The enhanced budget encompasses increased utilization per beneficiary, despite Medicaid fee-for-service (FFS) enrollment decreasing by nearly 25,000 over the last year, and Medicaid managed care organization (MCO) enrollment decreasing by approximately 50,000 over the last year. DHCF noted that despite decreased enrollment, cost growth and increased utilization per beneficiary accounted for a large portion of the increase in FY 2025, as well as rate increases in the Dual Eligible Special Needs (DSNP) program.

In FY 2025, DHCF reduced their budget for MCO provider payments to \$9.8 million, down from \$12.8 million in FY 2024. DHCF contracts with an external actuary firm to determine the low, middle, and high bands of payments at which DHCF can reimburse the MCOs that would still be actuarially sound. For FY 2025, a challenging budget year, DHCF chose to reimburse MCOs for providers at the lower band to help relieve spending pressures. In previous years DHCF reimbursed MCOs for provider payments at the middle band, and at the Budget Oversight hearing indicated that they do not expect payments at the lower band to be a permanent decision, and will be reevaluated annually. Director Turnage testified at the Budget Oversight hearing that this is an actuarially sound decision that should have no impact on patient care.

Addressing Workforce Challenges

Certified Nursing Assistants and Nursing Facilities

The Committee was pleased to see a \$17.69 million increase in payments to nursing facilities, bringing the total amount to \$313 million in FY 2025, up from \$295 million in FY 2024. This increase occurred because CMS finalized a rule in 2024 that required nursing facilities to meet certain wage requirements in FY 2025. DHCF conducted a study on District nursing facilities and found that they needed to increase their funding to support utilization and workforce in those facilities.¹²

Workforce shortages in the long-term care sector will cause a ripple effect of challenges across the health sector. According to DC Health licensure renewal data, in 2023, the District experienced an approximately 30% reduction in the long-term care workforce, with nearly 4,500 certified nursing assistants (CNAs) and Home Health Aides (HHAs) not renewing their certifications, in large part due to insufficient wages. This significant loss in the long-term care workforce is having direct impact on providing care to residents in need. Providers are reporting severe understaffing at many facilities, causing them to turn away patients. Though this is not a new problem, if the workforce continues to decrease while the aging population continues to increase, the issue will only compound. **The Committee notes that the expectation is that the \$17.69 million increase in the budget will be used directly for salary increases for the Certified Nursing Assistants (CNAs) and other direct care staff that work in these nursing facilities and encourages DHCF to study the effects of the increased wages for this segment of the health care workforce.**

Direct Care Professionals

The Direct Care Worker Amendment Act was introduced in November 2023. The bill seeks to accomplish several policy goals: it establishes a new credential type for direct care workers to replace the existing HHA and CNA certifications; lowers the age requirement for direct care workers to 16 years of age; eliminates barriers to certified apprenticeship programs for direct care workers; allows direct care workers certified in Maryland or Virginia to practice in the District; and establishes a minimum wage for direct support services at 120% of the District's living wage.¹³ The Committee held a hearing in March 2024, and received feedback from advocates and government officials. The Committee has had a number of conversations with DHCF and the OCFO regarding the costs associated with raising Direct Care Professional's wages and the overall importance. Unfortunately, given this tough budget year, the Committee could not identify the funding to include these wage increases in the FY 2025 budget.

One source of contention around accurately assessing Direct Care Professional's wages is that DHCF had previously requested, but not required, Home Health Agencies to submit cost reports. DHCF could not require this because they received significant pushback from the agencies around this reporting requirement. However, without all cost reports, DHCF is not able to

¹² (CMS 3442-F) Medicare and Medicaid Programs: Minimum Staffing Standard for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting Final Rule. (April 22, 2024). Accessed May 5, 2024 at: <https://www.cms.gov/newsroom/fact-sheets/medicare-and-medicaid-programs-minimum-staffing-standards-long-term-care-facilities-and-medicaid-0>.

¹³ DC Bill 25-0565 Direct Care Worker Amendment Act of 2023. (Introduced Nov. 6, 2023). Accessed May 5, 2024 at: <https://lims.dccouncil.gov/Legislation/B25-0565>.

accurately assess needs and make cost adjustments throughout the year, like they do for other payment types. Following the Budget Oversight Hearing, Director Turnage announced that DHCF will now require Home Health agencies to submit cost reports on an annual basis, as a mechanism of assessing for efficiency, economy, and quality of care, and that failure to submit the cost reports within the specified timeframe without an approved extension may result in escalating penalties, up to and including suspension of claims payment.

These costs reports, coupled with the Home Health Rate Study that DHCF is currently working on will be useful tools to determine proper service array, payment methodology, and rates to achieve person centered care and better outcomes. The Committee encourages DHCF to build on initiatives aimed at increasing wages and benefits for direct care professionals to make these positions more attractive compared to other retail or service jobs.

Home Visiting

Home visitors delivers Early Intervention support, including education and coaching, to expecting parents and families with young children with the goal of improving their health outcomes. There are 17 home visiting programs operating in the District, funded with a variety of federal and local grants, as well as private funding; however, not all home visits qualify for Medicaid reimbursement. The Council passed D.C. Law 25-0321, Home Visiting Services Reimbursement Act of 2023, last year, with the intention of authorizing Medicaid, the Alliance, and the Immigrant Children’s Program, to cover and reimburse eligible home visiting services.¹⁴ The bill also requires DHCF to consult with home visiting providers to establish criteria and processes for billing and reimbursement, including coverage criteria and a monthly payment reimbursement structure, and to begin reimbursing eligible evidence-based home visiting programs beginning January 1, 2025.

The original fiscal impact statement (FIS) calculated a local cost of \$3 million in FY 2025, and a total local cost of \$12.8 million over the financial plan. Working with DHCF and advocates, Council staff requested an updated fiscal impact statement to more accurately reflect costs to implement this bill. This updated FIS calculates a local cost of \$582,000 for FY2025, and a total local cost of \$8.6 million over the course of the financial plan. Several factors affected the updated cost including:

- *Inclusion of Federal Funding:* DHCF will submit a waiver to CMS to allow for “unborn children” to be covered by CHIP starting October 1, 2024. Therefore, pregnant Alliance enrollees will be able to receive home visiting services with their CHIP coverage, and the District will not need to use local dollars for these visits, which reduced cost.
- *Reducing Home Visiting Capacity:* Estimates assumed a lower home visiting capacity in FY2025, originally 1,200, down to 930, which reduced cost.
- *Staggered Program Participant Approach:* In FY2025, the reimbursements will be restricted to programs that meet strict criteria, including: the home visitation model has been in existence for at least 3 years; is research-based; has demonstrated program-determined outcomes; is associated with a national organization; and meets HHS criteria for effectiveness, as determined by a Home Visiting Evidence of Effectiveness review. In the District, only the Nurse Family Partnerships program meets these criteria for FY2025.

¹⁴ DC Law 25-0321 Home Visiting Services Reimbursement Act of 2023. (Effective March 23, 2024). Accessed May 5, 2024 at: <https://lims.dccouncil.gov/Legislation/B25-0321>

In subsequent years, subject to available funding, more programs will likely be eligible to participate.

- *Delayed Coverage Start:* DHCF indicated during the budget oversight hearing that the January 1, 2025 start date was unrealistic given the timeline for developing and securing CMS approval of the State Plan Amendment (SPA) needed to implement these reimbursement changes. The Committee will change the start date to July 1, 2025, which is a more realistic time frame and also reduces FY2025 costs.
- *Regional Price Parity:* The original FIS used Virginia as a proxy for the cost of providing home visiting services in DC, which was too low. The updated FIS was increased to more accurately reflect home visiting services costs in the District.

Unfortunately, the Committee was not able to identify funding to implement the Home Visiting Bill, despite the lowered FIS. However, the Committee recommends that the Full Council identify the funds needed to implement D.C. Law 25-0321 and make progress towards improving wages for the District's home visitors, which will improve health outcomes for mothers, families, and children in the District.

Despite not being able to fund L25-0321, the Committee is pleased to accept a transfer from the Committee on Public Works and Operations of \$100,000 to fund Nurse Family Partnerships, an integral Home Visiting program in the District.

Whole Person Care - 1115 Waiver Implementation

DHCF is in the midst of gathering public comments and finalizing their priorities in advance of submitting their 1115 Demonstration Waiver to CMS by May 31, 2024. This waiver has three demonstration goals:

1. Continue to Maximize access to quality behavioral health services;
2. Improve health outcomes during transitions to reduce health disparities and drive sustainable transformation through justice-involved reentry and health-related social needs (HRSN) services; and
3. Develop and maintain infrastructure to support the delivery of reentry and HRSN services.

The Committee accepts a transfer from the Committee on Public Works and Operations of \$400,000 to help support increased access to social services under Medicaid through the planning and implementation of the 1115 waiver demonstration. The Committee recommends that DHCF capitalize on these goals and integrate existing programs into the waiver process, to ensure as much continuity of services as possible, especially related to HRSN.

Behavioral Health

The Committee recommends maintaining the \$10 million increase for the Behavioral Health Rehabilitation Local Match within the Department of Behavioral Health proposed budget, at \$64.8 million, up from \$54 million in FY 2024. The Council's Budget Office, after reviewing the FY 2024 spending for this line, concluded that they are spending at a rate to use all resources by the end of the fiscal year. DHCF and DBH collaborated to conduct a comprehensive review of behavioral health services in the District, to ensure District residents received quality behavioral health services by making payment methodologies and rates align with the cost of care. Through

this process the agencies adjusted payment methodologies and rates and added new services. The FY 2025 budget includes implementation of new rate study service recommendations and continued support for service recommendations implemented in FY 2023 and FY 2024.

Behavioral Health Transformation Waiver

In November 2019, DBH and DHCF proposed a multi-year initiative to transform behavioral health in the District. The two agencies began this initiative with a shared vision of establishing a whole-person, population-based, integrated Medicaid behavioral health system. The work was intended to be carried out in three phases: behavioral health service expansion (Phase I), managed care integration (Phase II), and integrated care payment models (Phase III). Phase I began in 2020 with joint collaboration between DBH and DHCF on the Section 1115 Waiver, which was developed to provide a range of behavioral health services and supports for individuals with serious mental illness, substance use disorder, and other behavioral health needs. Ten new benefits were added through the waiver program.

The FY 2025 proposed budget funding for the 1115 Behavioral Health Transformation Waiver was reduced by \$21.4 million to \$6.6 million. This \$6.6 million was included to ensure continuity for two select behavioral health benefits from the original 1115 waiver: reimbursement for services provided in Institutions for Mental Disease (IMD), and removal of the MAT copays.

Phase II of the initiative—managed care integration—was paused in February 2024 when DHCF and DBH notified providers that due to spending pressures, the two agencies were pausing the carve in of behavioral health services into the managed care program, which resulted in a \$13 million savings. DHCF testified during the Budget Oversight hearing that despite the current pause, they were open to implementing the carve-in in the future, if there was sufficient budget. Many providers were counting on this behavioral health carve-in to help defray costs and work towards the goal of an integrated care payment model. The Committee recommends continued conversation between DBH and DHCF to determine a plan of how best to execute this model.

Plan Offerings

Continuous Coverage for Children up to 12 Months

The Committee was pleased to see \$6.85 million in funding for FY 2025 to comply with provisions included in the federal Consolidated Appropriations Act of 2023, which requires 12 months of continuous eligibility for all children in Medicaid and CHIP for children under the age of 19, regardless of change in circumstances, such as income, household composition, loss of SSI, or obtaining other health insurance.¹⁵ This continuous coverage for children will provide some ease of mind for parents as the Medicaid unwinding and redetermination process ends.

¹⁵ H.R.2617. Consolidated Appropriations Act, 2023. Accessed May 5, 2024 at: <https://www.congress.gov/bill/117th-congress/house-bill/2617>

This funding covers a very similar population and policy goals as D.C. Law 25-144, the Childhood Continuous Coverage Act of 2023, which the Council passed last year.¹⁶ The DC law would provide continuous coverage up to age 6, compared to 12-months of coverage up to age 19. DHCF indicated that beneficiaries for both policies would significantly overlap, and there would be minimal benefit to enacting both. The Committee agrees with this assessment, noting the extremely low FIS for L25-144, \$90,000, indicating only a small amount of additional coverage. Therefore, the Committee chose not to fund the Continuous Coverage Act of 2023, with the expectation that the 12 months of continuous coverage will provide sufficient coverage for children in the District.

Infertility Diagnosis and Medication

The Council passed D.C. Law 25-34, the Expanding Access to Fertility Treatment Amendment Act of 2023, last year, and funded the Medicaid portions of the legislation in the FY 2024 budget.¹⁷ This law requires, beginning January 1, 2024, that Medicaid and the Alliance provide coverage for the diagnosis of infertility and medically necessary ovulation enhancing drugs and medical services related to the prescribing and monitoring of these drugs, including at least three cycles of ovulation-enhancing medication.

On March 14, 2024, CMS approved DC State Plan Amendment #23-0016, which provided DHCF the authority for the DC Healthcare Alliance program and Medicaid to reimburse for select drugs when used to promote fertility.¹⁸ While the bill was being considered before the Council, the DHCF had estimated that approximately 250 Medicaid and Alliance beneficiaries would use the newly covered drugs during the first year of implementation and approximately 60 beneficiaries would use them in each subsequent year. The larger number in the first year assumed a pent-up demand for services and the smaller number in the later years reflects an assumed lower level of utilization. DHCF projected the local cost at \$700,000 in the first year of implementation and \$200,000 in the second year. However, as of April 29, 2024, no individuals have yet to use the benefit, and there has been no local cost incurred.

Though the Committee does not believe that DHCF will be able to spend that level of funding on these services particularly in the next five months of FY 2024. However, the Office of the Chief Financial Officer did not certify a revenue reduction of those lines, explaining that because Medicaid is an entitlement program they must guarantee sufficient funds for each service.

Personal Care Aide (PCA) Services

The Mayor's proposed FY 2025 budget includes a \$4.3 million reduction in PCA services. PCA Services are available to residents who are elderly or disabled and require assistance with their daily living activities. Program participants can receive assistance with bathing, grooming,

¹⁶ D.C. Law 25-144. *Childhood Continuous Coverage Amendment Act of 2024*. D.C. Law Library (Effective 3/23/24). (<https://code.dccouncil.gov/us/dc/council/laws/25-144#:~:text=To%20amend%20the%20Medical%20Assistance,and%20the%20Immigrant%20Children's%20Program>). Accessed on 5/2/24.

¹⁷ D.C. Law 25-34. *Expanding Access to Fertility Treatment Amendment Act of 2023*. D.C. Law Library (Effective 9/6/23). (<https://code.dccouncil.gov/us/dc/council/laws/25-34>). Accessed on 5/5/24.

¹⁸ *District of Columbia's State Plan Amendment (SPA) 23-0016*. Center for Medicaid and CHIP Services. <https://www.medicaid.gov/sites/default/files/2024-04/DC-23-0016.pdf>. Accessed on 5/2/24.

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dressings, toiletry, mobility, meal preparation, and eating. This reduction in PCA funds only reflects a change to the service authorization process; individuals' eligibility for (and the hourly payment rates for) PCA will not be impacted by this change. DHCF indicated that this policy change is being implemented to better align service authorization and delivery with clinical recommendations because their data show that individuals in Long Term Services and Supports (LTSS) programs often use PCA to the exclusion of other services, including day programs and rehabilitative options that may restore function or prevent decline.

DHCF's current authorization methodology allows the maximum possible hours per person based on each person's ability to independently perform activities of daily living (ADL). This change removes the automatic award of maximum hours and instead sets a more standardized set of hours allowable. Through this change, DHCF seeks to ensure PCA services remains an essential part of service plans but does not replace rehabilitative or other supports that also play a key role in maintaining the health and wellness of the LTSS users. The Committee acknowledges this reduction in services but encourages DHCF to allow flexibility and review their beneficiaries' needs on a case-by-case basis as appropriate to ensure they do not lose access to needed services.

The District Access System (DCAS)

DCAS is a technology system that provides the District with an integrated eligibility system for Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance to Needy Families (TANF). DCAS was developed in 2013 as a partnership between DHCF, the Department of Human Services, and the Health Benefit Exchange (HBX), to provide an integrated eligibility and enrollment platform to all District residents for health care and human services programs, including the insurance marketplace, integrated financial and plan management functionality, and case management capabilities.

DCAS consists of hard costs associated with operating of the eligibility system such as software licensing and the technical infrastructure, and oversight administrative costs for resources, support services, and system maintenance.

The FY 2025 DCAS budget is \$77.46 million, a small increase from \$77.02 million in FY 2024. The DCAS budget is broken into six expense categories, representing the major groupings used to track and monitor operational costs (see table below, shared by DHCF in a response to pre-hearing questions).

Expense Categories	Total Budget
Personnel: Contractor	\$6,963,890.00
Personnel: FTE	\$4,579,501.00
Rent & Facilities	\$1,010,431.00
Equipment	\$245,833.00
Software	\$12,118,830.49
Services Contract	\$52,548,834.98
	\$77,467,320.47

Software and services contracts are the two largest components of the DCAS budget. The \$12 million software expenses in FY2025 represents a \$1.3 million increase from FY2024, largely due

to adjustments required to make DCAS cloud compatible. DCAS is also planning to purchase additional software tools to: (1) support user experience for caseworkers and District residents and (2) validate DC residents' personal information. This software to validate personal information is important because starting in 2025, CMS will no longer fully fund critical interfaces on the Federal Data Services Hub, and DCAS requires additional funding to purchase software to perform these validations.

The largest share of DCAS costs falls within the services contract line (\$52 million). This category represents a host of service contracts including notice printing and mailing services, the DCAS Call Center, Office of the Chief Technology Officer Infrastructure services, and resource vendor contracts. Notice printing, while a federal requirement, is not a truly effective form of communication to Medicaid beneficiaries, and the Committee recommends communication with CMS about the value of this service relative to costs.

The Committee conducted an oversight hearing on DCAS in December 2023 and identified several problems. One problem: DCAS was the worst performing in the country for case and procedural error rates in FY 2022, which is especially concerning given the extremely high costs to operate the system. Another problem raised was that DCAS, a streamlined system, should eliminate the need for residents to repeatedly submit the same data by collecting that information from existing databases, like tax records. However, federal requirements for data verification processes have limited the extent to which DCAS was able to streamline this process, which makes it challenging and confusing for District residents to navigate.

The Committee recommends maintaining the budget for DCAS due to the need for additional IT/software support but encourages continued conversations between DHCF, the Department of Human Services, HBX, and other agencies that use DCAS, to continue to make improvements, both on the software side, and beneficiary and case manager user experience.

Medicaid Unwinding

Approximately 277,000 beneficiaries had been due to recertify for Medicaid during from May 2023 – March 2024. As of April 2024, DHCF data dashboards show 19,049 applications (6.3% of all applications) are pending. This marks the end of the year-long process to recertify the entire Medicaid population, after the expiration of the COVID-19 federal waiver to pause Medicaid recertifications. However, the Committee is concerned about the backlog of applications as DHCF prepares to enter a second round of recertifications.

DHCF data also showed that as of April 2024, 38,675 people were terminated due to non-response (12.9%). Due to the District's 90-day reinstatement/grace period, these disenrolled figures are likely to be lower when calculated at a future date, because during this grace period beneficiaries can still submit their completed recertification packet and be reconnected to their medical assistance. However, after that 90-day reinstatement period, beneficiaries are required to submit a new application in order to be reconnected to their coverage. The Committee notes that while DHCF is working to process applications, there are cases that slip through the cracks, and encourages diligence in responding to beneficiary concerns. The Committee also notes that increased investment in DCAS improvements should help with processing time and eligibility.

b. FISCAL YEAR 2025 - 2030 CAPITAL BUDGET RECOMMENDATIONS

The Mayor's proposed FY 2025 budget does not include new capital budget projects for DHCF.

3. COMMITTEE POLICY RECOMMENDATIONS

1. Leverage the 1115 Waiver to Enhance Primary Care and Social Service Integration

The Committee recommends that DHCF capitalize on the opportunities presented by the renewal of the 1115 waiver to strengthen the integration of social care into the health care system. The draft waiver includes proposals around:

- Housing, including rent/temporary housing assistance and other housing transition navigations;
- Nutrition, including nutrition counseling and education, produce prescriptions / grocery provisions;
- Case management, including linkages to other state and federal benefit programs;
- Health-related social needs infrastructure, including improvements to technology, development of business and operational practices, workforce development, and other stakeholder convening.

DHCF should consider investing in comprehensive care teams, including peer navigators and community health workers, to facilitate improved health outcomes in these areas.

DHCF has noted that while the current waiver expires on Dec. 31, 2024, CMS has a backlog of approvals, so to anticipate early 2025 for a potential approval of the new waiver. Knowing these time constraints, the Committee recommends DHCF implements parallel planning for the waiver, so programs and changes can be implemented as early and efficiently as possible.

2. Address the Direct Care Workforce Crisis by increasing workforce capacity and wages.

The Mayor's FY 2025 proposed budget does not include any wage increases for Direct Care Professionals, besides the increase for CNAs as detailed above, and wages for Direct Care Professionals in the District are not competitive with other jobs in this labor market.¹⁹ The Committee recommends DHCF continue to develop longer-term plans to address the crisis in the long-term care workforce, including a career ladder enhanced wage for direct care professionals, the home health rate study, and collaboration with other agencies for workforce training.

¹⁹ How States Are Expanding Home Care," AARP Bulletin, December 2023, Vol 54, No. 10, accessed on May 4, 2024 at: <https://states.aarp.org/ltss-in-the-mid-atlantic>

3. *Implement Recommendations from the Behavioral Health Rate Study and Establish a Permanent Rate Setting Process for Behavioral Health Services.*

The Committee recommends that DHCF and DBH continue implementation of recommendations from the community behavioral health rate study, specifically addressing the discrepancies in payment rates for Community Support Services, which have not been adequately adjusted for inflation. The Committee also recommends that DHCF and DBH establish a more permanent rate setting process that includes annual inflationary adjustments and periodic rebasing for community behavioral health services to help ensure that payment rates remain fair and adequate over time.

4. *Expedite Rate Study for Dental Procedures to Increase Dentists' Wages*

Dental services were reduced from \$4.7 million in FY 2024 to \$4.4 million in FY 2025. This may seem like a relatively small decrease compared to the rest of the budget, but this small decrease is devastating for dentists and dental practices, who are already feeling financial pressures. Dentists testified at the DHCF hearing about the need for increased payments – that the District is one of the most expensive markets to operate for dentists, and DHCF has not increased their Medicaid reimbursement rates for dentists since 2007 when Medicaid first added dentistry to the fee schedule. An ADA dental survey showed that some MCOs in DC pay their dentists between 43%-70% lower than regular FFS rates.²⁰ At the Budget Oversight hearing on 4/29, Director Turnage was surprised to hear this pay discrepancy and noted the agency's intention to address this. The Committee recommends that DHCF expedite their rate study for dental procedures and increase both FFS and MCO reimbursement rates.

²⁰ *Medicaid Reimbursement for Dental Care Services – 2022 Update*. Health Policy Institute and American Dental Association. (August 2023). Accessed May 5, 2024 at: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/medicaid_reimbursement_dental_care_2022.pdf?rev=16c2f572ec974b01a787949294187ac6&hash=5869A65C6E259FED5733ECFEB5181E34

Office of the Deputy Mayor for Health and Human Services (HG0)

1. AGENCY MISSION AND OVERVIEW

The mission of the Office of the Deputy Mayor for Health and Human Services (DMHHS) is to support the Mayor in coordinating a comprehensive system of benefits, goods, and services across multiple agencies to ensure that children, youth, and adults with and without disabilities can lead healthy, meaningful, and productive lives.

Summary of Services

DMHHS 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)

DMHHS manages two special initiatives: Age-Friendly DC and the Interagency Council on Homelessness. DMHHS also oversees the administration's encampment cleaning and closure efforts.

2. COMMITTEE BUDGET RECOMMENDATIONS

a. FISCAL YEAR 2025 OPERATING BUDGET RECOMMENDATIONS

The Mayor's proposed FY 2025 operating budget for DMHHS is \$2,480,487, which represents a 0.1% increase in operating funds, compared with the approved FY 2024 budget. The funding supports 12.8 FTEs, which is the same as the FY 2024 approved level. The Office also employs 7 Interagency FTEs budgeted in other agencies, 1 from Department of Health Care Finance and 6 from the Department of Human Services.

Encampment Cleaning and Closure

DMHHS leads the Executive's programs to clean and close encampments in the District, where unhoused individuals are living in tents or other non-permanent structures, and to work to connect those individuals with housing, behavioral health resources, and other supports. Although DMHHS leads this program, most of the funding for the program comes from other agencies, including the Department of Human Services, Department of Behavioral Health, and Department of Public Works. DMHHS shared the following table in its responses to the Committee's FY 2023 Performance Oversight pre-hearing questions, showing that the District spent a total of \$4.5

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million on encampment outreach and clearings in FY 2023, an increase of \$576,000 over FY 2022 levels.

DHS	FY21	FY22	FY23
Encampment-Specific Outreach Staff and Equipment	\$208,375	\$1,252,500	\$1,118,819.19
Outreach Staff Equipment (one-time cost)	\$15,000	N/A	N/A
Client Related Costs	\$14,000	\$86,000	1,844,034.93
2 DHS FTEs (Housing Navigator and Encampment Liaison)	\$35,333	\$212,000	\$182,534.32
Outreach/Communications Campaign Supplies	\$1,150	\$3,500	\$1,751.52
DBH			
2 Multidisciplinary Teams (2 teams of 9 staff each)	N/A	\$1,560,522	\$634,787.53
DPW			
Encampment-Specific Trash Route	\$84,049	\$336,199	\$300,400
Encampment-Specific Cleanup Team (7 staff)	\$48,963	\$293,780	\$239,770
Expanded Biohazard Contract	N/A	\$180,000	\$180,000
Totals	\$406,870	\$3,924,501	\$4,502,097.49

During this year’s performance and budget oversight, the Committee heard concerns from advocates about several aspects of this program. First, advocates testified that DMHHS overuses its authority to conduct Immediate Dispositions, which must be “due to emergency, security risk, health risk, or safety risk” to clear encampments without notice.²¹ In contrast, for a Standard Disposition, DMHHS must provide 14-days notice and conduct outreach with residents to notify them and try to connect them with housing prior to the disposition. This leaves outreach workers with inadequate time to work with residents within the encampments to connect them to services. This can also lead to residents’ possessions being discarded during the Immediate Disposition, even though the District is required to store them. Advocates also testified that multiple encampment clearings in a single neighborhood, like the 7 encampments that DMHHS and the

²¹ Office of the Deputy Mayor for Health and Human Services, District of Columbia Protocol for the Disposition of Property Found on Public Space and Outreach to Displaced Persons. Published Feb. 13, 2019. Accessed on May 3, 2024, at: https://dmhhs.dc.gov/sites/default/files/dc/sites/dmhhs/page_content/attachments/Encampments%20Protocol_12.13.19.pdf.

National Park Service plan to clear in May 2024 in the Penn West area, further disrupts outreach efforts.

The Committee does not make budget recommendations on the encampment cleaning and closure program since most of the budget lies within other agencies. That said, the Committee urges DMHHS to focus its resources on assisting the Department of Human Services with resource to clear the backlog of individuals with vouchers waiting to be matched with permanent housing, and improving its processes to build trust with individuals in encampments so that more will accept services and support.

The Committee recommends the Council adopt the Mayor's proposed DMHHS budget.

b. FISCAL YEAR 2024 - 2029 CAPITAL BUDGET RECOMMENDATIONS

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

3. COMMITTEE POLICY RECOMMENDATIONS

The Committee recommends the agency adopt the following policy changes:

1. Take a more proactive, strategic role in leading on key interagency challenges, such as substance abuse, within the Health and Human Services cluster.

In addition to supporting the agencies in its cluster, DMHHS leads 3 specific interagency programs: Age-Friendly DC, the Interagency Council on Homelessness, and the Encampment Response Team. While these three initiatives certainly require an interagency approach, the Committee urges the Deputy Mayor's Office to reconsider its role on other critical cross-sector issues within the cluster, particularly substance abuse.

When asked by Chairperson Henderson at the FY 2025 budget oversight hearing why the Office does not take a more proactive coordinating role on more issues, Deputy Mayor Wayne Turnage testified that while there is an expectation that he would bring key issues to the Office of the City Administration that need interagency coordination, he relies on the agency directors to notify him whether issues require additional attention. Respectfully, DMHHS' role should be to identify interagency priorities and elevate issues where a single agency approach has not led to effective results.

The most glaring example of this is the opioid overdose crisis in the District. Despite the Department of Behavioral Health's efforts and three iterations of the Live. Long. DC (LLDC) Strategy, the District ranks first in the country for opioid-related fatal overdoses. As described in the DBH Chapter of this report, opioid-related fatal overdoses are at an all-time high. In 2023, there were 522 opioid-related fatal overdoses, averaging 43 deaths per month, reflecting a 13% increase. Even though LLDC names other agencies that should play a role in addressing this crisis, DBH has no authority to enforce the recommendations identified in the strategy. Moreover, DBH controls the Opioid Abatement Settlement Funds and leads the Opioid Abatement Commission, but is similarly not in the best position to coordinate what should be a strategic, interagency effort

to effectively distribute these funds. DMHHS would be the more appropriate leader of efforts to address substance abuse across the District, the Committee encourages the Office to embrace that role.

2. Take a more proactive, strategic role in addressing the delays in public benefits processing across the Health and Human Services cluster.

District residents have the right to expect efficient and compassionate public benefit processes, and the District is failing them across multiple programs within the Health and Human Services cluster. At the beginning of Fiscal Year 2024, more than 3,000 residents with housing vouchers have not been connected to housing due to bureaucratic delays and insufficient case managers at the Department of Human Services. The District was also the worst performing state in the country in 2023 for Supplemental Nutrition Assistance Program application processing. As of December 2023, 29% of all pending applications for MAGI Medicaid renewals had been pending for longer than 45 days and 15% for longer than 90 days, even though federal Medicaid regulations require these renewal applications to be processed within 45 days.

Deputy Mayor Turnage has testified multiple times before the Committee that he is not an expert on housing or homelessness, and that he would rather defer to his agency directors. In the FY 2023 performance oversight responses, when asked how DMHHS was assisting DHS in clearing the housing voucher backlog, DMHHS responded “DMHHS does not control the data that DHS has containing the number of individuals matched to a housing voucher.” Similarly, at the December 2023 Oversight Roundtable hosted by the Committee on Public Benefit Processing and the DC Access System, Deputy Mayor Turnage testified that the delays in SNAP and Medicaid processing were due to staffing shortages at DHS.

While the Committee agrees that these delays in processing are partially due to insufficient staffing resources at DHS, the Committee urges DMHHS to take a more proactive role in identifying strategies to address these shortages, or invest in other solutions for more timely processing of applications.


3. Provide adequate funding for the Interagency Council on Homelessness to lead the District’s strategy on meeting the needs of individuals and families who are homeless or at risk of homelessness.

In the responses to the FY 2025 Budget pre-hearing questions, DMHHS reports that the \$173,367 allotted to the Interagency Council on Homelessness (ICH) is under the budget develop by the ICH of \$301,000. DMHHS goes on to describe the ICH’s proposed uses of those funds in FY 2025, including:

- \$220,000 to develop the Homeward DC 3.0 Strategy, including expanding the scope to adequately speak to the needs of Aging Adults, Encampment and Unsheltered Residents, SMI/SUD and co-occurring, Returning Citizens, Young adults, and LGBTQIA;
- \$51,000 to host meetings in accessible locations for ICH participants; and
- \$30,000 to provide stipends for a robust and comprehensive Lived Experience Advisory Group.

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The Committee encourages the Executive to identify full funding for the ICH and to protect the existing funding for the purposes outlined above. Concerningly, in Deputy Mayor Turnage’s testimony, he states that DMHHS intends to repurpose the \$173,367 from NPS to PS to fund a Community Outreach Specialist. Although the Deputy Mayor responded to a question about this decision by stating that it must have been an error, this seems unlikely given that the specific number for both the ICH NPS budget and the amount allocated for the new Community Engagement Specialist are exactly the same. The Committee urges DMHHS to provide sufficient funding for the ICH to carry out its statutorily required obligations (D.C. Code § 4-752.01 et seq.) and not sweep the funds to cover staffing needs in the Office.



Not-For-Profit Hospital Corporation Subsidy (United Medical Center)(HX0)

1. AGENCY MISSION AND OVERVIEW

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

NFPHC is governed by a Fiscal Management Board, which serves as a control board, consisting of 9 members, 7 of whom are voting members and 2 of whom are non-voting members. Voting members of the Fiscal Management Board include:

- The Chief Financial Officer of the District of Columbia, or his or her designee, who shall serve as chair of the Fiscal Management Board;
- The Deputy Mayor for Health and Human Services, or his or her designee;
- The Director of the Child and Family Services Agency, or his or her designee;
- One citizen member from either Ward 7 or Ward 8, appointed by the Mayor, who has experience in public health or health care delivery;
- A citizen member, appointed by the Mayor, who has experience serving as the City Administrator of the District of Columbia;
- An individual with expertise in hospital management or finance, appointed by the Mayor; and
- One representative from each of the two unions, selected by each representative union, maintaining the largest collective bargaining units at United Medical Center.

The Chief Executive Officer of the Corporation and the Chief Medical Officer of the Corporation serve as non-voting ex officio members.

COMMITTEE COMMENTS AND ANALYSIS

As the United Medical Center (UMC) prepares to close with the opening of a new hospital in Ward 8 the Cedar Hill Regional Medical Center in early 2025, the Committee recognizes UMC's role in serving the residents of Southeast Washington, D.C. since 1966. Since this may be the last time UMC appears in the Committee budget report we want to take the opportunity to memorialize the hospital's history.

UMC, initially established as Morris Cafritz Memorial Hospital in 1966, was designed to serve the healthcare needs of Southeast Washington, D.C., and surrounding Maryland communities. The hospital was renamed Greater Southeast Community Hospital in 1974, and over the next decade expanded its facilities, including the addition of a 180-bed nursing home in 1980.²² The hospital also added a second facility at Fort Washington Medical Center in Fort Washington, MD in 1983. Greater Southeast was renamed United Medical Center in 2008.²³

²² United Medical Center. (n.d.). About us. Retrieved from <https://unitedmedicaldc.com/about-us/>

²³ United Medical Center. (n.d.). About us. Retrieved from <https://unitedmedicaldc.com/about-us/>

The hospital underwent multiple ownership changes and significant investments in the early 2000s, but continued to struggle with service delivery, prompting the District to intervene.²⁴ In 2010, the hospital was integrated into the District of Columbia government under the Not-for-Profit Hospital Corporation (NFPHC).²⁵ According to PR18-1003, the Not-For-Profit Hospital Corporation Establishment Emergency Declaration Resolution of 2010, integration of the hospital into the District of Columbia government under NFPHC was driven by a need to address the hospital's deteriorating condition, safeguard patient safety, and resolve chronic financial and management problems.²⁶

UMC's continued financial struggles over the years have been well-documented in various audit reports. One specific report, the "UMC Financial Statements FY 2019 and 2018," outlined several critical issues that contributed to the hospital's financial instability. This includes operational inefficiencies, mismanagement, and challenges related to maintaining an aging infrastructure within a high-need, low-income area.²⁷ Another report, "Not-For-Profit Hospital Corporation (UMC) Financial Statements and Independent Auditors' Report for Years Ended September 30, 2013, and 2012," highlighted similar long-standing issues, emphasizing the cyclical nature of UMC's financial challenges, which include handling large amounts of uncompensated care and the high costs associated with healthcare services delivery in economically disadvantaged areas.²⁸ Veritas took over the management of the hospital in 2016 to ensure that the hospital stayed financially feasible²⁹. However, there were accusations of mismanagement and improper billing practices under the management of Veritas in 2017³⁰. In August 2017, the DC Department of Health issued a 90-day shutdown order for the obstetrics ward after discovering multiple deficiencies in screening, clinical assessment, and delivery protocols at the facility.³¹ Moreover,

²⁴ Council of the District of Columbia. (2009). PR18-1003 - Not-for-Profit Hospital Corporation Emergency Declaration Resolution of 2010. Retrieved from <https://lirms.dccouncil.gov/Legislation/PR18-1003>

²⁵ United Medical Center. (n.d.). About us. Retrieved from <https://unitedmedicaldc.com/about-us/>

²⁶ Council of the District of Columbia. (2009). PR18-1003 - Not-for-Profit Hospital Corporation Emergency Declaration Resolution of 2010. Retrieved from <https://lirms.dccouncil.gov/Legislation/PR18-1003>

²⁷ Office of the Inspector General. (2020, January 31). UMC financial statements FY 2019 and 2018. Retrieved from <https://oig.dc.gov/reports/audit-reports/umc-financial-statements-fy-2019-and-2018>

²⁸ Office of the Inspector General. (2014, April 14). Not-For-Profit Hospital Corporation (UMC) financial statements and independent auditors' report for years ended September 30, 2013, and 2012. Retrieved from <https://oig.dc.gov/reports/audit-reports/not-profit-hospital-corporation-umc-financial-statements-and-independent>

²⁹ Gooch, K. (2017, September 5). United Medical Center to evaluate Veritas consulting agreement amid financial troubles. Becker's Hospital Review. Retrieved from <https://www.beckershospitalreview.com/finance/united-medical-center-to-evaluate-veritas-consulting-agreement-amid-financial-troubles.html>

³⁰ Jamison, P. (2017, November 21). United Medical Center's top doctor is fired after criticizing hospital consultants. The Washington Post. Retrieved from https://www.washingtonpost.com/local/dc-politics/united-medical-centers-top-doctor-is-fired-after-criticizing-hospital-consultants/2017/11/21/1552f972-ced3-11e7-81bc-c55a220c8cbe_story.html

³¹ Paavola, A. (2017, August 10). DC officials order 90-day shutdown of United Medical Center's maternity ward. Becker's Hospital Review. Retrieved from <https://www.beckershospitalreview.com/patient-flow/dc-officials-order-90-day-shutdown-of-united-medical-center-s-maternity-ward.html>

there were indications that hospital leaders had already been considering the closure of the ward prior to the official shutdown order due to ongoing operational challenges.^{32, 33}

In September of 2017, the Mayor announced the release of a site study for the construction of a new hospital east of the Anacostia River, and in August of 2018, the Mayor announced the partnership with The George Washington University Hospital (GW Hospital) to develop a new acute care community hospital and health services complex located on the St. Elizabeths East campus in Ward 8^{34,35}. In 2019, a nine-member Fiscal Management Board for UMC was established through the Fiscal Year 2020 Budget Support Act of 2019, which also required that within four years, the hospital would finally close its doors. Through the Fiscal Year 2020 Budget Support Act of 2019, an annual subsidy cap of \$15,000,000 was established to stabilize the hospital's operational budget amidst ongoing financial challenges while ensuring continued service delivery to the community until a new healthcare facility, Cedar Hill, could be established.³⁶ With this closure underway in a few years, the hospital began to see major changes, such as the transition of their second facility at Fort Washington Medical Center, becoming part of Adventist HealthCare system in 2019.³⁷ The hospital also closed its 180-bed nursing home in February 2021.³⁸

Current Day Operations

Staffing is an on-going challenge for UMC, with fluctuations in workforce numbers impacting hospital operations and patient care. The hospital faced several labor disputes and negotiations over the years, reflecting broader trends in healthcare staffing shortages. During various hearings, hospital leadership acknowledged these challenges, emphasizing their ongoing efforts to address the concerns through strategic staffing solutions and improved labor relations. For instance, during the FY 2023 Performance Oversight Hearing for UMC, Dr. Jacqueline Payne-Borden, Chief Executive Officer, and Angell Jacobs, UMC Board of Directors Chair, testified on the increased usage of staffing agencies, particularly for clinical and administrative roles, to manage the ongoing difficulty in attracting and retaining staff, especially as the hospital approached closure.

³² Paavola, A. (2018, January 12). United Medical Center leaders allegedly planned to close obstetrics ward before public health officials ordered shutdown. Becker's Hospital Review. Retrieved from

<https://www.beckershospitalreview.com/patient-flow/united-medical-center-leaders-allegedly-planned-to-close-obstetrics-ward-before-public-health-officials-ordered-shutdown.html>

³³ Nace, C. (2017, October 25). Why the Obstetrics Ward Ordered to be Shutdown at Washington D.C.'s United Medical Center. Paulson & Nace, PLLC. Retrieved from <https://www.paulsonandnace.com>

³⁴ Office of the Mayor. (n.d.). Bowser Administration Announces Release of Site Study for New Acute Care Hospital. Retrieved from <https://mayor.dc.gov/release/bowser-administration-announces-release-site-study-new-acute-care-hospital>

³⁵ Office of the Mayor. (n.d.). Mayor Bowser Announces Major Milestone in Partnership with George Washington University Hospital for New Hospital. Retrieved from <https://mayor.dc.gov/release/mayor-bowser-announces-major-milestone-partnership-george-washington-university-hospital-new>

³⁶ Council of the District of Columbia. (n.d.). B23-0209 - Fiscal Year 2020 Budget Support Act of 2019. Retrieved from <https://lims.dccouncil.gov/Legislation/B23-0209>

³⁷ Adventist HealthCare. (n.d.). Fort Washington Medical Center. Retrieved from <https://www.adventisthealthcare.com/locations/profile/fort-washington-medical-center/>

³⁸ District of Columbia Health Care Facilities. (2022). Nursing Homes Directory. Retrieved from the directory listing dated March 17, 2022

UMC serves a critical role in providing healthcare to Wards 7 and 8, an area recognized for significant health disparities. The population UMC serves is predominantly low-income, underserved communities that face a high prevalence of chronic diseases and have historically limited access to healthcare services.³⁹ Despite the myriad challenges it has faced, UMC has steadfastly provided critical healthcare services. UMC currently operates 330 beds, including in-patient psychiatric beds, and has implemented changes aimed at enhancing service quality and operational efficiency, reflecting a commitment to improving patient care despite its financial and administrative obstacles. Its role in delivering essential health services and acting as a health care anchor in the region underscores the importance of sustaining healthcare infrastructure in underserved areas, contributing significantly to public health resilience and community well-being.

Transition to New Hospital

The transition from UMC to the new Cedar Hill Regional Medical Center is a crucial step towards modernizing healthcare infrastructure east of the Anacostia River. The new facility, scheduled to open in early 2025, will offer advanced medical services with a focus on patient-centered care. This transition is anticipated to address previous shortcomings by providing enhanced care capacities, better facilities, and a renewed focus on community health needs.⁴⁰ In preparation for the closure, UMC plans to hire a consulting firm with expertise in hospital closures to assist with the development and implementation of a closure plan. The decision to engage external experts underscores the hospital's commitment to maintaining service continuity and safeguarding patient care during the transition period.

This complex history outlines the significant milestones, challenges, and transitions faced by UMC over the years, highlighting its impact on the community and the evolving healthcare landscape in Southeast D.C.

2. COMMITTEE BUDGET RECOMMENDATIONS

a. FISCAL YEAR 2025 OPERATING BUDGET RECOMMENDATIONS

The Mayor's FY 2025 proposed subsidy for the Not-For-Profit Hospital Corporation reflects a decrease of \$15,000,000 in recurring Local Funds, and a one-time increase of \$25,200,000. The Mayor transitioned recurring funds to one-time funds with the expectation that FY 2025 will be the last year the hospital incurs operating costs. At the Committee of the Whole Budget Hearing on April 3, 2024, the Mayor testified that the one-time increase of \$10.2 million, over the standard \$15 million subsidy, is intended to support the hospital's operational needs as it prepares for closure.

The Committee questions the necessity of allocating \$10.2 million above the annual subsidy for the hospital, especially considering its impending closure in early 2025. The Committee has provided UMC leadership and the Office of the Chief Financial Officer with three opportunities to submit a detailed spending plan for the one-time \$10.2M increase—during the FY 2025 Budget

³⁹ District of Columbia Department of Health. (2022). *Health Equity Summit Summary*. Washington, D.C.: Author.

⁴⁰ Gray, V. C. (2020, July 1). Report on Bill 23-0777, "New Hospital at St. Elizabeths Amendment Act of 2020". Retrieved from <https://lims.dccouncil.gov/Legislation/B23-0777>

Hearing and through two rounds of written post-hearing questions. Despite these requests, the provided plans have remained insufficiently detailed, leaving significant uncertainties about how the funds would be effectively utilized. For example, UMC provided the following list in response to a “detailed” spend plan:

Related Benefits

Severance Cost	\$4,200,000
COLA and Retention Cost	\$1,600,000
Related Benefits	\$1,400,000
Total	\$7,200,000

Record Retrieval and Destruction

Pick, Delivery and Other	\$200,000
Destruction	\$2,800,000
Total	\$3,000,000

Total for Benefits and Record Retrieval and Destruction	\$10,200,000
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The Committee questions the assumptions that went into calculating \$7.2 million for Severance and Related Costs. A critical concern for the Committee is the basis for the severance package calculations for the hospital’s 638 full-time employees (FTEs). The assumption that a significant number of these employees will opt for the severance package is questionable, particularly with the anticipated rise in attrition as the closure nears. At the Budget Oversight Hearing, Dr. Payne-Borden noted the expectation of increased staff attrition during this period. Furthermore, UMC’s documentation suggests that severance may be provided for nearly all full-time staff, contradicting the predicted attrition rates. Additionally, UMC has indicated that employees transitioning to Cedar Hill Regional Medical Center with *any* employment gap would also receive severance, complicating the financial forecasts. Moreover, the allocation of \$2.8 million for record destruction lacks detailed justification. This substantial figure calls for a critical review, especially considering the need to prioritize essential spending during the hospital’s winding down period.

Adding further uncertainty to the accuracy of UMC’s estimate of severance and operating costs, the hospital appears to be closing down health care services prematurely and without adequate notice to staff or patients. The Committee was notified on April 19, 2024 of the impending closure of UMC’s Center for Advanced Wound Care and Hyperbaric Medicine on April 30, 2024. Despite having just had a detailed discussion with UMC leadership about its plans to wind down operations at the Budget Oversight Hearing, the Committee only learned about this closure from an e-mail from the outgoing Director of the Center. UMC appears to have violated the State Health Planning and Development Agency’s 90-day notice requirement, and left extremely ill patients with less than a month’s notice to find alternative care. In addition to being concerned about the implications of this decision on patient care, the Committee notes that such unplanned closures indicate that the hospital has no firm sense of its operational costs or workforce over the next fiscal year. This reduced operational scope should prompt a critical review of all planned expenditures, ensuring

that the remaining funds are optimally used to support essential services and facilitate a smooth transition during the hospital's closure period.

The Committee also questions the allocation of \$2,800,000 for record destruction given the lack of detailed justification provided. This substantial amount earmarked for the process of handling and destroying records demands a thorough review to ensure financial prudence, particularly during a period when the hospital is winding down. Typically, record destruction involves costs associated with secure handling, transportation, and the actual destruction of documents to protect sensitive patient information. However, the figure presented appears unusually high, suggesting a possible overestimation or inefficient allocation of funds.

In light of these considerations, the Committee requested a reduction of \$1,250,000 from the \$10,200,000 proposed one-time increase, but the Office of the Chief Financial Officer (OCFO) would not certify the reduction. In its first denial of the certification, OCFO stated that the funding level was a "legislative requirement". When the Committee explained that the legislative requirement (the proposed Budget Support Act subtitle) could be amended, the OCFO responded that "to ensure that until UMC's doors close, [sic] the OCFO determined that the hospital needed additional funding above the \$15 million in FY 2025 and required the Mayor to increase the budget to \$25.2 million to address that need. As such, any reductions to the FY 2025 proposed amount would unbalance the budget and plan." Once again, the OCFO provides no rationale for this funding level. The Committee is particularly concerned that the OCFO, which is intended to be a neutral third-party financial auditor, in this case is also leading the hospital's finances. **The Committee therefore urges the full Council to continue requesting a more thorough financial plan, and that funds above what is needed for a successful closure be redistributed to other budget priorities.**

b. FISCAL YEAR 2025 - 2030 CAPITAL BUDGET RECOMMENDATIONS

The Mayor's proposed budgets for the Not-for-Profit Hospital Corporation and the Not-for-Profit Hospital Corporation Subsidy do not include any capital funds.

3. COMMITTEE POLICY RECOMMENDATIONS

- 1. Collaborate with the Deputy Mayor for Health and Human Services and community leaders to develop, publish and execute a comprehensive closure plan that emphasizes transparency and public engagement.*

The Committee recommends that the United Medical Center Board of Directors and leadership continue their collaboration with the Deputy Mayor for Health and Human Services, Wayne Turnage, who also sits on the UMC Board, and actively engage with community leaders to refine and execute a comprehensive closure plan. Recognizing that UMC is in the process of hiring a consultant with expertise in hospital closures, the plan should integrate their expert recommendations to ensure a meticulous and transparent closure. This plan should detail strategies for resource management, patient transfers, and staff transitions, with an emphasis on transparency. To bolster public confidence and engagement, UMC should host a series of public meetings to discuss the closure timeline, address community concerns, and gather feedback. The

updated plan should be regularly shared with the public to reflect new data and progress in the closure process.

- 2. Work with Cedar Hill Regional Medical Center and Universal Health Services to ensure the safe transfer of patients and the transfer of staff to the new hospital, whenever possible.*

As UMC approaches its closure, the Committee recommends strengthening partnerships with Cedar Hill Regional Medical Center and Universal Health Services, which is essential for ensuring a smooth transition for patients and facilitating potential opportunities for staff. UMC has proactively launched the Voluntary Health Care Professional Training Program, aimed at preparing staff to apply for new positions at Cedar Hill or other healthcare facilities. This program equips them with the necessary training and support but does not guarantee employment. As of March 27, 2024, according to Board meeting minutes, the program has engaged 115 participants, with 51% completing at least one training module. In addition to training, UMC offers career counseling and placement services to help staff effectively navigate their transition to new roles, whether at Cedar Hill or elsewhere. These initiatives are critical in maintaining continuity of care and supporting the workforce as they move to new opportunities in the healthcare field.

- 3. Ensure adherence to the State Health Planning and Development Agency (SHPDA) guidelines for facility closures, a crucial part of maintaining transparency, protecting patient rights, and mitigating negative impacts on the community.*

The Committee underscores the importance of full compliance with SHPDA policies as UMC proceeds with closing facilities, including the Center for Advanced Wound Care and Hyperbaric Medicine. As noted earlier in this chapter, the Center was scheduled to close with less than 30 days' notice, contravening SHPDA regulations that mandate a 90-day public notification and a comprehensive impact assessment. Such short notice can lead to abrupt service discontinuation, leaving patients scrambling for essential care and staff uncertain about their employment future. Adherence to these guidelines is vital not only to ensure a structured and humane transition but also to uphold the trust and welfare of the patients and staff who rely on UMC's services. Compliance with SHPDA standards helps ensure that closures are managed in a way that minimizes disruption and maintains continuity of care for patients, which is especially critical in communities already underserved by healthcare infrastructure.

Health Benefit Exchange Authority (H10)

1. AGENCY MISSION AND OVERVIEW

The DC Health Benefit Exchange Authority was established in the District of Columbia to develop and operate the District's online health insurance marketplace in accordance with the Patient Protection and Affordable Care Act, thereby ensuring access to quality and affordable health care to District of Columbia residents and small businesses.

Summary of Services

In March 2010, the Patient Protection and Affordable Care Act was signed into law by President Barack Obama with the central goal of ensuring that all Americans have access to quality, affordable health care. This legislation enabled significant health insurance reforms, including the establishment of Health Benefit Exchanges nationwide.

The DC 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. This Exchange operates DC Health Link, an online insurance marketplace for District residents and small businesses. DC Health Link fosters competition and transparency in the private health insurance market, enabling individuals and small businesses to compare health insurance prices and benefits and to purchase affordable, quality health insurance. Through DC Health Link, residents can qualify for lower premiums and cost-sharing reductions and enroll in a health plan that best meets their needs.

As of January 31, 2024, the District of Columbia Health Benefit Exchange Authority is in its twelfth year of operations and has concluded its eleventh open enrollment period for people purchasing individual insurance.

A significant portion of the operations is IT Related Operations that provides development, operations, maintenance, and security for DC Health Link, the District's online health insurance marketplace. This includes operations and maintenance of HBX systems, managing the team of consultants that develop functionality for DC Health Link, and managing the Electronic Data Interchange (EDI) Operations team that oversees information transmitted between carriers and DC Health Link.

Program Structure

The Health Benefit Exchange Authority operates through the following 4 programs:

1. **Consumer Education and Outreach:** Educates and informs District residents, small business owners, and small business employees about quality affordable private health insurance options available through DC Health Link. This program includes Business Partners who educates District small businesses and their employees about DC Health Link private health insurance options through events, webinars, digital and social media.
 - Activities:

- Consumer Education and Outreach Support Services
 - Marketing and Communication
 - Navigators Certified Application Counselors and In-Person Enrollment Help
2. **Marketplace Innovation Policy and Operations:** Performs functions required of all state-based marketplaces, including enrollment help, eligibility determinations, plan management and certification of qualified health and dental plans.
- Activities:
 - Contact Center Services
 - Data Analytics and Reporting
 - Eligibility and Enrollment
 - Member Services
 - Planning Management
 - SHOP (Small Group Marketplace)
3. **Agency Management:** Provides for administrative support and the required tools to achieve operational and programmatic results. Standard for all agencies using performance-based budgeting.
4. **Agency Financial Operations:** Provides comprehensive and efficient financial management services to, and on behalf of, District agencies to maintain the financial integrity of the District of Columbia. Standard for all agencies using performance-based budgeting.

2. COMMITTEE BUDGET RECOMMENDATIONS

a. FISCAL YEAR 2025 OPERATING BUDGET RECOMMENDATIONS

The Mayor's FY 2025 proposed operating budget for the DC Health Benefit Exchange Authority (HBX) is \$41,752,784 which represents a 11.2% increase in operating funds compared with the approved FY 2024 budget. HBX is funded through Enterprise and Other Funds. The bulk of HBX's budget is funded through an assessment fee on health insurers in the District. The increase in the FY 2025 budget is largely to support an increase of 5.0 FTEs in the Marketplace Innovation Policy Operations program and to fund additional IT operations.

COMMITTEE COMMENTS AND ANALYSIS

HealthCare4ChildCare

The Committee is deeply concerned with the nearly \$300 million Pay Equity Fund being stricken from the Mayor's FY 2025 proposed budget and the implications this will have for the HealthCare4ChildCare (HC4CC) program within HBX. The Pay Equity Fund is a first-in-the-nation program aimed at achieving pay parity between early childhood educators and their K-12 counterparts. As part of the Pay Equity Fund, the Office of the State Superintendent for Education (OSSE) provides funds through an interagency transfer to HBX to administer HC4CC, which provides free or low-cost health insurance premiums through DC Health Link for employees and

their dependents who work at participating District-based OSSE-licensed child development centers and homes. The reduction of the Pay Equity Fund will not only affect early child educators' income, but also their access to health insurance.

In both FY 2023 and FY 2024, HBX received \$18 million to operate the HC4CC program. HC4CC pays for a large portion of employer premiums; for every \$1 HC4CC spends on group coverage, employers contribute 35 cents. These premiums are guaranteed for 12 months once an employee or employer enrolls in the program. One hundred percent of the HC4CC funding goes towards the premiums, and the cost of administering HC4CC is absorbed by HBX. HC4CC coverage allows those who are enrolled comprehensive insurance coverage; about half of people covered by HC4CC are enrolled in a standard plan, meaning all their essential care, like primary care and specialist care visits, generic prescriptions, and urgent care are covered without deductibles.

As of April 2024, 198 businesses in the District have enrolled in HC4CC, representing 55% of eligible District businesses, a 20% increase from 2023. Over half (109 businesses) had not offered health insurance prior to HC4CC due to cost, and HBX spent significant time and resources educating and building trust with the businesses and their employees to share the value of HC4CC. Businesses that enrolled in the HC4CC are located across the District; 86 of those 109 businesses are in Wards 1, 4, 5, 7, and 8. Other demographic information about beneficiaries as of April 2024 include:

- 1,619 people are currently enrolled in HC4CC.
 - 8 of 10 enrollees are women (1,295 women).
 - 1 in 10 enrollees are children (194 children).
 - HC4CC covers workers in all age groups but there has been a growing share of enrollees age 55+.

The Committee commends Director Mila Kofman and the staff at HBX for their collaboration with OSSE to facilitate affordable health insurance coverage for early childhood educators and partnering with the early childhood development facilities through this program since 2023. **The Committee recommends that the Committee of the Whole restore the full funding for the Pay Equity Fund, including the \$12 million necessary to maintain the current level of coverage for the HealthCare4ChildCare Program. Restoring the full \$18 million for the program would be needed to continue to grow the program to serve more Child Care Centers and employees.**

IVF Coverage

In 2023, the Council unanimously passed D.C. Law 25-49, the Expanding Access to Fertility Treatments Amendment Act. This law requires health insurers offering large group health benefit plans to cover the diagnosis and treatment of infertility, including in vitro fertilization (IVF) and standard fertility preservation services beginning January 1, 2025.⁴¹ Diagnosis and medical treatment of infertility for Medicaid patients went into effect January 2024, and private insurers in

⁴¹ DC Code § 31-3834.06. Coverage of fertility treatments. | D.C. Law Library. (Effective Sept. 6, 2023). [https://code.dccouncil.gov/us/dc/council/code/sections/31-3834.06#:~:text=\(e\)%20Coverage%20for%20the%20treatment](https://code.dccouncil.gov/us/dc/council/code/sections/31-3834.06#:~:text=(e)%20Coverage%20for%20the%20treatment). Accessed on May 3, 2024

the District are required to cover the services mentioned above in their 2025 plans. The last population that needs to be covered are those with coverage through DC Health Link, whose plans will not include these new services unless the Council pays for defrayal costs as estimated by the Chief Financial Officer and as required by the Centers of Medicare & Medicaid Services (CMS).⁴²

On November 15, 2023, CMS issued “Notice of Benefit and Payment Parameters for 2025 Proposed Rule” with new rules about defrayals.⁴³ Specifically, beginning as early as 2025, a state that had been defraying costs of an Essential Health Benefit (EHB) will be permitted to stop, as long as the benefit has been added to the state’s benchmark plan and CMS had been notified. Since HBX and the Department of Insurance, Securities and Banking (DISB) notified CMS about the District’s inclusion of IVF and fertility coverage as a new EHB before May 1, 2024, the District will only need to defray costs for these benefits for plan year 2025.⁴⁴

The Committee has been working closely with HBX and DISB to determine the defrayal costs and process of reimbursement. HBX will retroactively reimburse insurers on a case-by-case basis for claims made during plan year 2025. HBX assumes there will be a three-month lag between the conclusion of a plan year and when they receive a request for reimbursement from the insurer. Thus, the first time HBX could issue a defrayal payment for this fertility benefit, for plans that start in January 2025 will be in FY 2026, and HBX will make final defrayal payments for plans that begin at the end of the plan year, December 2025, in FY 2027. HBX and the Office of Revenue Analysis provided the following score for implementing this benefit, which is consistent with the low-range from DISB’s actuarial study:

Total Cost by Fiscal Year for PY 2025 Claims	FY 2025	FY 2026	FY 2027	FY 2028	Total
Defrayal Costs	\$0	\$175,000	\$245,000	\$0	\$420,000

Therefore, the Committee recommends an enhancement of \$175,000 in FY 2026 and \$245,000 in FY 2027 in enterprise and other funds for Program 700065 Member Services, Cost Center 70468 Program Management and Account 7141009 Subsidies to cover defrayal costs for insurers under DC Health Link to implement the Expanding Access to Fertility Treatment Amendment Act of 2023. The Committee understands that HBX submitted their benefit structure to include IVF coverage to CMS and will continue to work with DISB to ensure the plans cover this benefit. The Committee also recommends HBX develop educational and communications materials to share with the Health Plans and beneficiaries to increase education and awareness about this new benefit.

⁴² 45 CFR 155.170 | <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-155/subpart-B/section-155.170>. Code of Federal Regulations. (Updated April 16, 2024). Accessed on May 5, 2024.

⁴³ HHS Notice of Benefit and Payment Parameters for 2025 Final Rule. (April 2, 2024). <https://www.cms.gov/newsroom/fact-sheets/hhs-notice-benefit-and-payment-parameters-2025-final-rule>. Accessed on May 5, 2024.

⁴⁴ Essential Health Benefits and Selecting a New Benchmark Plan. | DC Department of Insurance, Securities, and Banking & DC Health Benefit Exchange Authority. (April 26, 2024). <https://disb.dc.gov/page/essential-health-benefits-and-selecting-new-benchmark-plan>. Accessed on May 6, 2024.

Equity-Based Benefit Design

The Committee also commends HBX for the significant efforts it has made and continues to make to improve plan coverage design to address key areas of health disparities. Coverage design improvements include:

- Type 2 diabetes care coverage: including insulin, lab work, eye and foot exams, prescriptions, and supplies without co-payments, co-insurance, or deductibles, beginning January 1, 2023.
- Pediatric mental and behavioral health coverage: Cost-sharing for these services have been reduced to \$5 for office visits, down from \$45, including certain lab work, and medication, beginning January 1, 2024.
- Cardiovascular and cerebrovascular disease medical care coverage: no cost sharing, deductible, or co-insurance for office visits with family medicine or internal medicine doctors, or generic prescriptions, lab work, and imaging services including CT scans and ECGs, beginning January 1, 2025.

Each of these programs is an important step to improve health equity in the District, and the Committee supports HBX in these efforts.

Medicaid Unwinding

The Committee commends Director Kofman and the HBX team for their collaboration with the Department of Healthcare Finance (DHCF) in the Medicaid unwinding and renewal process. This collaboration was critical to ensure continuity of coverage for people who were no longer eligible for Medicaid and needed coverage on the individual market. To facilitate this process, DHCF provided monthly reports to HBX on how many individuals were set to lose Medicaid that month who were likely eligible for Health Link. Between May 2023 to March 2024, there were 310 households likely eligible for DC Health Link coverage, and 35% of those households enrolled in health care coverage.

DHCF and HBX also worked to ensure continuity of coverage for the approximately 1,000 Medicaid enrollees that are employees of OSSE-licensed childcare facilities. HBX worked with DHCF to move the Medicaid redetermination for this population to April 2024, the end of the first year of redeterminations. HBX sent communications out to this group in early March 2024 as a reminder for them to complete their renewals and also provided information about how to sign up for HealthCare4ChildCare in case they lost their Medicaid coverage. HBX saw a slight increase in request for appointments due to this outreach.

b. FISCAL YEAR 2025 - 2030 CAPITAL BUDGET RECOMMENDATIONS

The Mayor's proposed budget for HBX does not include any capital funds.

3. COMMITTEE POLICY RECOMMENDATIONS

- 1. Continue to monitor the stability of District health insurance rates and explore new and existing partnerships to make health care insurance more accessible.*

The Committee is proud of the near universal insurance coverage in the District: nearly 97% of DC residents have health insurance. Since DC Health Link opened, the uninsurance rate has been cut in half, and DC continues to rank #2 in the US for the lowest uninsured population. The Committee is also proud of the interagency work done between HBX and DHCF in the past year to ensure those who were at risk of losing their health coverage knew about coverage options through the Exchange. The Committee recommends DHCF and HBX continue open lines of communication, especially through the end of the special enrollment period, which CMS extended to November 30, 2024, so those who are no longer eligible for Medicaid can transition to marketplace coverage.

- 2. Continue outreach to District Business communities to increase awareness of health insurance options.*

The Committee commends HBX on the work their staff have done to build relationships with various Chambers of commerce in the District, and outreach to individual businesses. For example, the DC Chamber of Commerce sent over 900 marketing and promotional emails to their small business partners, made 383 in-person connections, and referred over 50 businesses. The Committee recommends HBX continue and build upon their outreach to these groups to increase awareness of health insurance options and opportunities.

Fiscal Year 2024 Revised Local Budget Recommendations

Full information about recommended current year budget revisions and related adjustments can be found in Attachment A.

Budget Support Act Recommendations

Recommendations on Mayor's Proposed Subtitles

The Committee provides comments on the following subtitles of the “Fiscal Year 2025 Budget Support Act of 2024”:

- Title IV, Subtitle B. Healthy Schools Fund
- Title V, Subtitle A. Direct Care Professional Payment Rates
- Title V, Subtitle B. Health Services Planning Program
- Title V, Subtitle C. Medicaid Inpatient Fund and Directed Payments
- Title V, Subtitle D. Medicaid Outpatient Fund and Directed Payments
- Title V, Subtitle E. Medicaid Hospital Outpatient Supplemental Payment and Hospital Inpatient Rate Supplement Adjustments
- Title V, Subtitle H. Healthy DC Fund
- Title V, Subtitle I. Not-For-Profit Hospital Corporation Subsidy
- Title V, Subtitle M. Birthing Hospital Childcare Grants

The legislative language is included in Attachment F.

TITLE IV, SUBTITLE B. HEALTHY SCHOOLS FUND

Purpose, Effect, and Impact on Existing Law

As introduced in the Mayor's FY 2025 proposed budget, this subtitle proposed to amend the Healthy Schools Act of 2010 to repeal the Healthy Schools Fund (Fund) and its annual sales tax dedication of \$5.69 million, replacing it with one-time local funds for Fiscal Year 2025. Additionally, it would eliminate the requirement for the Fund to be used to support the Environmental Literacy Program, grants for school gardens, health education promotion, and nutrition education integration into the school day.

The Committee Print recommends several changes to the subtitle as introduced. The Print recommends rejecting the Mayor's proposed changes that would have eliminated the requirements that the Fund support grants for the Environmental Literacy Program, school gardens, health education promotion, and nutrition education integration into the school day. The Committee recommends keeping the removal of the dedicated tax.

Committee Recommendation and Reasoning

The Committee believes that it is critical that the Fund maintains the funding amount of \$5.69 million in FY 2025 and keeps in place the existing required Fund allocations. Retaining initiatives supported by the Healthy Schools Fund is vital to continue programming that substantially improves the health, wellness, and nutrition of public-school students in the District.

The Committee was unable to identify recurring funding throughout the financial plan for the Fund. The Committee would welcome changes that would establish local recurring funding in the Committee of the Whole.

The Committee recommends inclusion of this subtitle, including the changes incorporated in the Committee Print, in the Budget Support Act.

Section-by-Section Analysis

Sec. xxx1 Short title.

Sec. xxx2 Amends the Healthy Schools Act of 2010 to eliminate the Healthy Schools Fund; to establish a local funding amount of \$5,690,000 for Fiscal Year 2025; and to repeal the sales dedication tax that previous funded the Fund.

Fiscal Impact

The Mayor's proposed budget allocates \$5.69 million in one-time Local funding that will be used to support programs that the Healthy Schools Fund currently supports. Because of the reallocation of the dedicated tax funding to the Healthy Schools Fund, local funds revenue is increased by \$5.69 million annually and a total of \$22.76 million over the four-year financial plan.

The Office of Revenue Analysis reports that there is no fiscal impact associated with the Committee's recommended changes.

TITLE V, SUBTITLE A. DIRECT CARE PROFESSIONAL PAYMENT RATES

Purpose, Effect, and Impact on Existing Law

This subtitle amends the Direct Support Professional Payment Rate Act of 2020 by delaying the requirement that Department of Health Care Finance (DHCF) reimburse base payments to direct care services providers on average a wage greater than either 117.6% of the minimum, or living wage, whichever is higher, from FY 2025 to FY 2026.

The Committee Print amends the subtitle as introduced by requiring the Mayor to use Home and Community-Based Services American Rescue Plan Act funds to provide the FY 2025 reimbursement for base payments to direct care services providers on average a wage greater than either 117.6% of the minimum, or living wage, whichever is higher. The Committee Print also delays the requirement that direct care providers must demonstrate to the Mayor that they paid their direct care professionals wages on average, the higher of either 117.6% of the minimum wage or living wage, from FY 2025 to FY 2026, to be consistent with the date change requirements across the subtitle.

Committee Recommendation and Reasoning

The Mayor's proposed subtitle, as introduced, delayed DHCF's responsibility to reimburse direct care service providers through Medicaid from FY 2025 to FY 2026. The Fiscal Impact Statement for the subtitle stated that the Executive intended to pay for the FY 2025 wage increase with Home and Community Based (HCBS) American Rescue Plan Act (ARPA) funds, but this commitment was not codified in the legislative language. The Committee's proposed edits codify the requirement for the Mayor to use the HCBS ARPA funds for these wages. The Committee added a new subsection that requires direct care providers who received a supplemental payment through

the HCBS ARPA fund to also demonstrate they paid according to the law's requirements. This change ensures the reporting requirement is consistent across fiscal years, regardless if the payment is from Medicaid FFS or the HCBS ARPA fund.

The HCBS Enhancement Fund was established to collect unspent Local funds from FY 2021 and 2022 equivalent to the amount of federal funds attributable to the Federal Medical Assistance Percentage (FMAP) increase, as authorized by the American Rescue Plan Act of 2021. The federal Centers for Medicare & Medicaid Services (CMS) required that the District use the savings that resulted from the temporary increase to implement activities that enhance, expand, or strengthen Medicaid HCBS, and that DHCF must spend all HCBS Enhancement Funds by March 31, 2025. Therefore, the Committee's edits to the subtitle require DHCF to make a one-time supplemental payment (composed of \$20.19 million of local HCBS Funds and \$47.10 million of federal Medicaid funding) to fund the wage increases for all of calendar year 2025, which will cover FY 2025 and part of FY 2026.

The Committee recommends inclusion of this subtitle, including the changes incorporated in the Committee Print, in the Budget Support Act.

Section-by-Section Analysis

Sec. XXXX Short title.

Sec. XXXX Amends the Direct Support Professional Payment Rate Act of 2020 by striking the implementation date of FY 2025 and replaces that date with FY 2026 as the new date for the Mayor to determine and pay the reimbursement rate that the District will pay direct care workers through Medicaid FFS; adds a new subsection that requires the Mayor to provide supplement payments to direct care workers through the Home and Community Based Fund in FY 2025; strikes FY 2025 and replaces that date with FY 2026 as the new date that direct care service providers who received Medicaid funding must demonstrate to the Mayor that it paid its direct care workers the appropriate ages, equal to the greater of either 117.6% of the District's minimum or living wage; and adds a new subsection that requires a direct care service provider who received a supplemental payment from the District in FY2025 to demonstrate to the Mayor that it paid its direct care workers the appropriate ages, equal to the greater of either 117.6% of the District's minimum or living wage.

Fiscal Impact

The Mayor's proposed 2025 budget includes \$20.19 million of local HCBS Enhancement Fund money and \$47.10 million of federal Medicaid funding to pay for wage increases for HCBS professionals. DHCF will make a one-time supplemental payment to fund the wage increase for all of calendar year 2025. Delaying the inclusion of HCBS provider pay increases into fee-for-service base reimbursement rate and instead using a one-time supplemental payment using HCBS Enhancement Funds will result in local savings of \$15.14 million in fiscal year 2025 and \$5.14 million in fiscal year 2026. Savings in fiscal year 2026 occur because three months of calendar year 2025 fall within fiscal year 2026.

The Office of Revenue Analysis reports that there is no fiscal impact associated with the Committee's recommended changes.

TITLE V, SUBTITLE B. HEALTH SERVICES PLANNING PROGRAM

Purpose, Effect, and Impact on Existing Law

This subtitle proposed to exempt certain health centers and clinics with less than ten full- or part-time staff from applying for a Certificate of Need (CON) from the State Health Planning and Development Agency (SHPDA). Currently, all new health services must obtain a CON from SHPDA that demonstrates a public need for the new health service, facility, or expenditure. Under the subtitle, exempted centers and clinics would still be required to obtain a registration from SHPDA.

Committee Recommendation and Reasoning

The Committee believes this subtitle takes too narrow a view of the need for Certificate of Needs reforms, and bases the exemption on number of employees rather than types of services provided. However, the Committee does agree on the need for a larger conversation about reforming the Certificate of Need process, and plans to work closely with DC Health and stakeholders to develop more strategic improvements.

Therefore, the Committee recommends against moving this subtitle.

TITLE V, SUBTITLE C. MEDICAID INPATIENT FUND AND DIRECTED PAYMENTS

Purpose, Effect, and Impact on Existing Law

This subtitle as introduced creates a new special purpose revenue fund that DHCF will administer, beginning October 1, 2024, that taxes each qualified hospital on their inpatient net revenue at a universal rate, the average commercial rate (ACR). The tax will generate an amount sufficient to fund the Inpatient Hospital Directed Payment Fund, from which the District would deduct a 12% District Retention. The District Retention will be used for Medicaid FFS local funding and will partially fund the salary and benefits of one FTE, but could also be absorbed into the General Fund. MCOs administer the remainder (the local share of the fund), which receives a federal match. The total amount (local share + funds from the federal match) is paid back to the hospitals as the Inpatient Hospital Directed Payment.

Committee Recommendation and Reasoning

The Committee Print increases the District Retention from 12% to 13.125%. This will generate approximately an additional \$814,562, which the Committee proposes using to partially fund D.C. Law 25-124, the Prior Authorization Reform Amendment Act of 2023, which passed in November 2023. The law establishes prior authorization guidelines and requirements that health insurance utilization review entities must follow and includes four components: Accelerated Prior Authorization Review, Five-Year Determination History, Adverse Determination and Appeals Credentialing Requirements, and Public Facing Determination Statistics. The Committee

recommends funding two of the four components of the bill: Accelerated Prior Authorization and Adverse Determination.

Second, the Committee proposes amending the subtitle to require that DHCF includes in the preprint, which will be submitted to CMS, directions for the hospitals to spend their additional revenue on specific policy goals, including enhancing care coordination, addressing social determinants of health (with a specific focus on improving nutrition), improving maternal and child health outcomes, discharge for long term care and transitions of care plans, substance use, and workforce pipelines.

The Committee recommends inclusion of this subtitle, including the changes incorporated in the Committee Print, in the Budget Support Act.

Section-by-Section Analysis

- Sec. 5021* Short title.
- Sec. 5022* Sets definitions, including: Department, District Retention, Fund, Hospital, Hospital System, Medicaid, Inpatient Revenue (and calculations), and State Directed Payment.
- Sec. 5023* Establishes the Inpatient Hospital Directed Payment Provider Fee Fund, which is administered by DHCF and includes revenues and fees. Funds can only be used to make payments to MCOs to fund the inpatient hospital directed payments, provide refunds in case of CMS dis-approval, and pay the District retention which will fund: (1) the salary and benefits of one FTE, (2) the local match for Medicaid FFS payments, and (3) payments to fund the Prior Authorization provisions.
- Sec. 5024* Establishes the inpatient hospital fee, which taxes each hospital on its inpatient net patient revenue. This section also details how the fee is calculated and adjusted based on hospital needs, and exempts Howard University Hospital and St. Elizabeths hospital from the fee. If CMS does not approve the exemption, then the hospitals will be subject to the fees.
- Sec. 5025* Requires the subtitle to take effect as of October 1, 2024, subject to CMS approval, and sets guardrails on returning funds in case CMS does not approve the Medicaid preprint. This section also requires DHCF to include the Committee's policy priorities in the preprint.
- Sec. 5026* Requires MCOs to use the Inpatient Hospital Directed Payment Provider Fee Fund to make their inpatient directed payments to hospitals, consistent with the Medicaid preprint.
- Sec. 5027* Establishes the cadence for calculating the hospital fees and sets penalties for hospitals who fail to pay their fees.

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Sec. 5028 Sets guidance that hospital systems who own, operate, or maintain more than one hospital in the District have to pay the fee for each hospital separately. This section also sets guidance and fees for hospitals that cease operations.

Sec. 5029 Allows the Mayor to issue rules to implement provisions of the subtitle.

Sec. 5030 This subtitle sunsets on September 30, 2029.

Fiscal Impact

The expected local revenue of the Inpatient Hospital Directed Payment Fund is \$81 million in FY 2025 and \$324.66 million over the financial plan. In FY 2025, the MCO Local Separate Payment totals \$72.4 million and the 12% District Retention would have totaled \$8.7 million. The District Retention fee was intended to supplement medical expenditures (\$8.69 million in FY2025) and fund one FTE plus benefits (\$70k in FY2025). In future years the District Retention could be used for the General Fund, but that is not reflected across the financial plan.

The Committee recommends increasing the District retention rate by 1.125% total, from 12% to 13.125%. This will generate an additional \$814,562 in revenue, which the Committee proposes using to partially fund D.C. Law 25-124, the Prior Authorization Reform Amendment Act of 2023, which passed in November 2023. To implement the committee's changes to this subtitle \$814,562 was reduced from 1011 Dedicated Taxes, Cost Center H3201 Medicaid Provider Payments, Account 714100C Government Grants and Subsidies.

TITLE V, SUBTITLE D. MEDICAID OUTPATIENT FUND AND DIRECTED PAYMENTS

Purpose, Effect, and Impact on Existing Law

This subtitle creates a new special purpose revenue fund that DHCF will administer, beginning October 1, 2024, that taxes each qualified hospital on their outpatient gross revenue at a universal rate, the average commercial rate (ACR). The tax will generate an amount sufficient to fund the Inpatient Hospital Directed Payment Fund, from which DHCF will deduct a 12% District Retention. The District Retention will be used for Medicaid FFS local funding and will partially fund the salary and benefits of one FTE. MCOs administer the remainder (the local share of the fund), which receives a federal match. The total amount (local share + funds from the federal match) is paid back to the hospitals as the Outpatient Hospital Directed Payment.

Committee Recommendation and Reasoning

The Committee recommends increasing the District Retention from 12% to 13.125%. This will generate approximately an additional \$466,049, which the Committee proposes using to partially fund D.C. Law 25-124, the Prior Authorization Reform Amendment Act of 2023, which passed in November 2023. The law establishes prior authorization guidelines and requirements that health insurance utilization review entities must follow and includes four components: Accelerated Prior Authorization Review, Five-Year Determination History, Adverse Determination and Appeals Credentialing Requirements, and Public Facing Determination Statistics. The Committee recommends funding two of the four components of the bill: Accelerated Prior Authorization and Adverse Determination.

Second, the Committee proposes amending the subtitle to require that DHCF includes in the preprint directions for the hospitals to spend their additional revenue on specific policy goals, including enhancing care coordination, addressing social determinants of health (with a specific focus on improving nutrition), improving maternal and child health outcomes, discharge for long term care and transitions of care plans, substance use, and workforce pipelines.

The Committee recommends inclusion of this subtitle, including the changes incorporated in the Committee Print, in the Budget Support Act.

Section-by-Section Analysis

- Sec. 5031* Short title.
- Sec. 5032* Sets definitions, including: Department, District Retention, Fund, Hospital, Hospital System, Medicaid, Outpatient Revenue (and calculations), and State Directed Payment.
- Sec. 5033* Establishes the Outpatient Hospital Directed Payment Provider Fee Fund, which is administered by DHCF and includes revenues and fees. Funds can only be used to make payments to MCOs to fund the outpatient hospital directed payments, provide refunds in case of CMS dis-approval, and pay the District retention which will fund: (1) the salary and benefits of one FTE, (2) the local match for Medicaid FFS payments, and (3) payments to fund the Prior Authorization provisions.
- Sec. 5034* Establishes the outpatient hospital fee, which taxes each hospital on its outpatient gross patient revenue. This section also details how the fee is calculated and adjusted based on hospital needs, and exempts Howard University Hospital and St. Elizabeths hospital from the fee. If CMS does not approve the exemption, then the hospitals will be subject to the fees.
- Sec. 5035* Requires the subtitle to take effect as of October 1, 2024, subject to CMS approval, and sets guardrails on returning funds in case CMS does not approve the Medicaid preprint. This section also requires DHCF to include the Committee's policy priorities in the preprint.
- Sec. 5036* Requires MCOs to use the Outpatient Hospital Directed Payment Provider Fee Fund to make their outpatient directed payments to hospitals, consistent with the Medicaid preprint.
- Sec. 5037* Establishes the cadence for calculating the hospital fees and sets penalties for hospitals who fail to pay their fees.
- Sec. 5038* Sets guidance that hospital systems who own, operate, or maintain more than one hospital in the District have to pay the fee for each hospital separately. This section also sets guidance and fees for hospitals that cease operations.

Sec. 5039 Allows the Mayor to issue rules to implement provisions of the subtitle.

Sec. 5040 This subtitle sunsets on September 30, 2029.

Fiscal Impact

The expected local revenue of the Outpatient Hospital Directed Payment Fund is \$46.4 million in FY 2025 and \$185.6 million over the financial plan. In FY 2025, the MCO Local Separate Payment totals \$41.4 million and the 12% District Retention totals \$5 million. In future years the District Retention could be used for the General Fund, but that is not reflected across the financial plan.

The Committee recommends increasing the District retention rate by 1.125% total, from 12% to 13.125%. This will generate an additional \$466,049 million in revenue, which the Committee proposes using to fund D.C. Law 25-124, the Prior Authorization Reform Amendment Act of 2023, which passed in November 2023. To implement the Committee's changes to this subtitle \$466,049 was reduced from 1011 Dedicated Taxes, Cost Center H3201 Medicaid Provider Payments, Account 714100C Government Grants and Subsidies.

TITLE V, SUBTITLE E. MEDICAID HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT AND HOSPITAL INPATIENT RATE SUPPLEMENT ADJUSTMENTS

Purpose, Effect, and Impact on Existing Law

This section updates the definition of outpatient gross patient revenue and inpatient net patient revenue to conform with the definitions used in Subtitles V(C) and V(D). This Supplemental Subtitle also exempts Howard University Hospital and St. Elizabeths Hospital from the ACR tax as defined in the earlier subtitles.

Committee Recommendation and Reasoning

The Committee recommends including the subtitle in the BSA with technical drafting changes.

Section-by-Section Analysis

Sec. 5041 This section names the subtitle to be cited as the "Medicaid Hospital Outpatient Supplemental Payment and Hospital Inpatient Rate Supplement Adjustments Amendment Act of 2024."

Sec. 5042 This section amends DC Code 44-664 to define "outpatient gross patient revenue" and exempts Howard University and St. Elizabeths from being taxed at the ACR.

Sec. 5043 This section amends DC Code 44-664, to define "inpatient net patient revenue," exempts Howard University Hospital and St. Elizabeths Hospital from being taxed at the ACR, and repeals subsection (C) of the code.

Fiscal Impact

This subtitle does not have a cost, because it only makes confirming changes to make definitions and exemptions consistent.

TITLE V, SUBTITLE H. HEALTHY DC FUND

Purpose, Effect, and Impact on Existing Law

This subtitle amends the Hospital and Medical Services Corporation Regulatory Act of 1996 by requiring a transfer of \$5,567,566 from the Healthy DC Fund to Local funds in Fiscal Years 2025-2028.

The Healthy DC Fund is a special purpose revenue fund that collects MCO taxes and DHCF allocates for Managed Care expenditures.

Committee Recommendation and Reasoning

The funds taken from the Healthy DC Fund to the General Fund have already been allocated for other purposes in the Mayor's proposed budget. The Committee cannot take additional funding from the Healthy DC Fund to use for any Committee-related budget purposes, because the entire fund balance has been allocated for FY 2025.

The Committee recommends inclusion of this subtitle in the Budget Support Act without change.

Section-by-Section Analysis

Sec. 5071 Short title.

Sec. 5072 This section amends DC Code 31-3514.02 to add a subsection that transfers \$5.57 millions to the General Fund each year of the financial plan.

Fiscal Impact

The FY 2025 budget includes a transfer of \$5,567,566 in dedicated taxes from the Healthy DC Fund to Local funds, reducing revenue available to be budgeted in the Healthy DC tax fund and increasing local funds. This transfer will be included in each fiscal year throughout the plan. The Committee did not make any changes to the subtitle.

TITLE V, SUBTITLE I. NOT-FOR-PROFIT HOSPITAL CORPORATION SUBSIDY

Purpose, Effect, and Impact on Existing Law

This subtitle amends the Not-for-Profit Hospital Corporation Establishment Amendment Act of 2011 by modifying the earlier established financial cap of \$15,000,000 and increasing it to \$22,000,000 for Fiscal Years 2022 and 2024, and up to \$26,000,000 for fiscal years thereafter. It also modifies the timelines for subsidies provided to the Not-for-Profit Hospital Corporation.

Committee Recommendation and Reasoning

The Committee generally supports the subtitle's objective to adapt the financial support for the Not-for-Profit Hospital Corporation to meet evolving operational needs. Although the Committee

has remaining questions about the calculations behind the \$10.2 million increase (described in detail in the Not-for-Profit Hospital Corporation budget chapter), the Office of the Chief Financial Officer did not certify a reduction to these funds, so there are no changes to this subtitle.

The Committee recommends including the subtitle in the BSA with technical drafting changes.

Section-by-Section Analysis

Sec. xxx1 Short title.

Sec. xxx2 Amends to the Not-for-Profit Hospital Corporation Establishment Amendment Act of 2011 to require that, starting after September 30, 2024, the subsidy for the Not-for-Profit Hospital Association may be as much as \$26 million annually.

Fiscal Impact

The Mayor’s FY 2025 proposed budget includes \$25.2 million in subsidy payments to support the operation of inpatient, outpatient, psychiatric, and emergency care services at UMC.

TITLE V, SUBTITLE M. BIRTHING HOSPITAL CHILDCARE GRANTS

Purpose, Effect, and Impact on Existing Law

This subtitle amends the Department of Health Functions Clarification Act of 2001 by creating a new grant in Fiscal Year 2025 totaling \$300,000 to be awarded to one or more non-governmental entities to provide childcare to pregnant and birthing parents or legal guardians who are receiving urgent treatment related to pregnancy at a hospital or birthing facility in the District.

Committee Recommendation and Reasoning

The Committee recommends several changes to the subtitle, as introduced. The Committee changes the title of the subtitle from “Birthing Hospital Childcare Grants” to “Childcare for Pregnant and Birthing Parents Grants” to clarify that the grants may go to childcare organizations instead of birthing hospitals. The Committee also adds specific language indicating that the grant is for FY 2025 and that the total must be \$300,000, which the Mayor had allocated for this subtitle but was not reflected in the legislative text.

The Committee also expands the language to allow for legal guardians, as well as parents, to be eligible for this service, and expands the language to include birthing facilities, in addition to hospitals, to be eligible locations for the childcare. The Committee also adds a requirement that childcare provided for 5 hours or less must occur on-site at the hospital or facility, and that childcare lasting more than 5 hours may include the transfer of the child to a licensed childcare facility, with notice to the parents or legal guardians. Finally, the subtitle clarifies that these grants are to provide childcare for “urgent treatment related to pregnancy”, which includes healthcare treatment outside of standard prenatal care and labor and delivery services.

The Committee recommends inclusion of this subtitle, including the changes incorporated in the Committee Print, in the Budget Support Act.

Section-by-Section Analysis

Sec. xxx1 Short title.

Sec. xxx2 Amends the Department of Health Functions Clarification Act of 2001 by requiring the Department of Health to create a new grant program in Fiscal Year 2025 totaling \$300,000 to non-government entities to provide childcare to pregnant and birthing parents and legal guardians who are receiving urgent treatment related to pregnancy at a hospital or birthing facility in the District. The section requires the grantee to provide on-site childcare for childcare lasting 5 hours or less, and allows for off-site childcare at a childcare facilities for childcare lasting more than 5 hours, with notice to DC Health and the parent or legal guardian. The section also defines “on-site childcare” and “urgent treatment related to pregnancy” for purposes of this subtitle.

Fiscal Impact

The Office of Revenue Analysis communicated to the Committee that this subtitle will cost \$300,000 in one-time funding, which the Mayor already included in the Fiscal Year 2025 proposed budget.

Recommendations for New Subtitles

The Committee recommends the following new subtitles of the “Fiscal Year 2025 Budget Support Act of 2024”:

- Grocery Access Pilot Program
- Mental Health Court Urgent Care Clinic
- Opioid Abatement Directed Funding
- Prior Authorization Reform Amendment
- School-Based Behavioral Health Student Peer Educator Pilot
- Substance Abuse and Behavioral Health Services Targeted Outreach Grant
- Sexual Health Peer Educators Grant
- Tobacco Use Cessation Initiatives
- S2A Repeals

The legislative language is included in Attachment G.

TITLE V, SUBTITLE X. GROCERY ACCESS PILOT PROGRAM

Purpose, Effect, and Impact on Existing Law

This subtitle would amend the Department of Health Functions Clarification Act of 2001 to establish a grocery access grant pilot program for the purpose of providing up to 1,000 eligible District residents with membership to a grocery delivery service at no cost for one year. The subtitle also would give preference to an applicant who lives in a low-food access area and requires that at the conclusion of the one-year pilot program, that the Department of Health incorporate the

data collected in the program in their Supplemental Nutrition Assistance Program Education (SNAP-Ed).

Committee Reasoning

By offering membership to a grocery delivery service at no cost for one year to up to 1,000 eligible residents, the Committee views this pilot program as an innovative approach to addressing food access challenges for vulnerable populations. Despite the District government's longstanding efforts to attract new supermarkets to low food access areas, little progress has been made. Evaluation of various programs aimed at tackling food access issues has revealed that nearly \$29 million in foregone District revenues has not resulted in significant impacts on supermarkets' location decisions. Eligibility for this grocery delivery membership is extended to District residents currently enrolled in the District's SNAP-Ed program, which serves individuals of all ages across all eight wards of the city. By prioritizing applicants from low-food access areas the subtitle aims to address the needs of communities disproportionately affected by food insecurity. Furthermore, the data collected during the pilot will be instrumental in informing future efforts to enhance food access across the District.

Section-by-Section Analysis

Section xxx1 Short title.

Section xxx2 Amends the Department of Health Functions Clarification Act of 2001 to establish a grocery access grant pilot program for the purpose of providing up to 500 (or 1,000) eligible District residents with membership to a grocery delivery service at no cost for one year; gives preference to applicants in Wards 5, 7, and 8; requires that at the conclusion of the one-year pilot program, that the Department of Health incorporate the data collected in the program in their Supplemental Nutrition Assistance Program Education (SNAP-Ed).

Fiscal Impact

The Office of Revenue Analysis reports that the cost of this subtitle is \$120,000 in one time local funds for Program 700028 Nutrition And Physical Fitness, Cost Center 70057 Nutrition And Physical Fitness Bureau, and Account 7141007 Grants & Gratuities.

TITLE V, SUBTITLE X. MENTAL HEALTH COURT URGENT CARE CLINIC

Purpose, Effect, and Impact on Existing Law

This subtitle amends the Department of Behavioral Health Establishment Act of 2013 to require DBH to contract with a non-governmental organization to establish and manage a mental health urgent care clinic situated within the Moultrie Courthouse at 500 Indiana Avenue, N.W., of the Superior Court of the District of Columbia.

Committee Reasoning

Established in 2008, the Urgent Care Clinic (UCC) caters to individuals engaged with the court system who require mental health or substance use services. Its mission is to enhance access to

care, positively impacting community well-being by providing same-day psychiatric assessments and facilitating connections to community-based treatment providers and essential support services such as housing, clothing, or food. Through crisis intervention, temporary treatment provision, and long-term treatment referrals, the clinic plays a pivotal role in disrupting cycles of untreated mental illness and incarceration. This innovative model effectively addresses the multifaceted needs of court-involved individuals, preempting costly and unnecessary interventions while fostering improved outcomes and community safety.

Since 2012, Pathways to Housing, a District non-profit, has operated the UCC at DC Superior Court. According to testimony from the organization's President and CEO, Christy Respress, presented at the FY 2025 Department of Behavioral Health budget oversight hearing, the clinic has served over 7,100 unique adults and youth, with tens of thousands of follow-up visits. Despite reduced utilization during the pandemic due to virtual court proceedings, the clinic served 132 clients in FY 2022, 189 clients in FY 2023, and as of April 2024, 315 clients in FY 2024. Sustaining the clinic's operation is crucial for ensuring equitable access to mental health services and averting unnecessary crises.

The Committee heard from several agencies and organizations including the Public Defender Service for the District of Columbia (PDS), the United States Attorney's Office (USAO) for the District of Columbia, and the American Federation of Government Employees, AFL-CIO regarding the importance of the UCC. Katerina Semyova, Special Counsel to the Director for Policy, PDS, shared that PDS has "...used the Urgent Care Clinic to get people into same-day treatment, avoiding being stepped back to the jail pending a bed-to-bed transfer... They are able to intervene in mental health crises at the courthouse, and refer to treatment as necessary once the acute crisis has been managed. Without access to this clinic, court-involved individuals with mental illness will be disenfranchised once again, as their access to voluntary services will be severed."

Section-by-Section Analysis

Sec. xxx1 Short title.

Sec. xxx2 Amends the Department of Behavioral Health Establishment Act of 2013 to require DBH to contract with a non-governmental organization to establish and oversee a mental health urgent care clinic within the Moultrie Courthouse at 500 Indiana Avenue, N.W., of the Superior Court of the District of Columbia; establishes qualifications for organizations eligible to apply for the contract; outlines required activities for the Urgent Care Clinic.

Fiscal Impact

The Office of Revenue Analysis estimates that the Financial Impact of this subtitle is \$907,000 in recurring funds, which is equal to the cost of the contract. The funding was provided in the Mayor's proposed Fiscal Year 2025 budget for the Department of Behavioral Health.

TITLE V, SUBTITLE X. OPIOID ABATEMENT DIRECTED FUNDING

Purpose, Effect, and Impact on Existing Law

This subtitle amends the Opioid Abatement Fund Establishment Act of 2022 by allocating funds from the Opioid Abatement Fund for several key purposes. First, it directs DBH to utilize these funds for targeted outreach services addressing behavioral health and substance abuse issues in Wards 5 and 6. Second, the funds will support the implementation of the School-Based Behavioral Health Student Peer Educator Pilot Amendment Act of 2024. Additionally, funds will be allocated to the Office of the Chief Medical Examiner to enable the testing of illicit drug misuse and the development of innovative testing methods for opioids within the agency.

Committee Reasoning

With nearly \$50 million in settlement funds expected over 18 years, the District's Opioid Abatement Fund was created in 2022 and is administered by the Office of the Attorney General (OAG). The fund is intended to support programs and initiatives that address the opioid crisis in the District. DBH's proposed FY 2025 budget includes \$14,656,000 in the Opioid Abatement Fund. In the District, the use of the opioid settlement funds is governed by the Opioid Litigation Proceeds Amendment Act of 2022⁴⁵. Under this law, DBH was required to establish an Office of Opioid Abatement and work with the Mayor and the DC Council to establish an Opioid Abatement Advisory Commission ("Commission"). The 21-member Commission was seated in October 2023, the first meeting took place on October 25, 2023, and the Committee has met monthly since then. Details on the Commission, including a full list of Commission members, meeting minutes, and the links for meetings can be found on DBH's website.⁴⁶

Monies from the Opioid Abatement Fund are designated for specific purposes outlined in D.C. Code § 7-3221 including funding for the Opioid Abatement Advisory Commission and the Office of Opioid Abatement, conducting needs assessments, granting awards for prevention, recovery, treatment, or harm reduction activities related to opioid use disorder, and evaluating the effectiveness of these initiatives. Additionally, funds may be used for infrastructure development, data tracking, and audits. Expenditures must comply with court orders, and any expenditures must complement existing funds rather than replace them.

Following the Commission's recommendations during the February 2024 meeting, DBH devised a schedule for implementing these suggestions. Within the first 9 months of its inception, DBH has disbursed \$2.7 million in grants and contracts using Opioid Abatement Funds, with plans to allocate an additional \$2.8 million by June. Moreover, as indicated in post-budget hearing responses, the agency intends to publish a Notice of Funding Availability for up to \$7 million on its website by the end of May. Initial grants and contracts encompass funding for a youth prevention media campaign, expansion of youth substance use disorder treatment services, augmentation of existing faith-based prevention programs, enhancements of the FEMS Overdose Response Team, and bolstering housing services for consumers post-SUD treatment.

Through this subtitle, the Committee directs DBH to allocate Opioid Abatement Funds to three initiatives that align with recommendations from the Commission to DBH. These initiatives aim to advance the District's efforts in combating substance abuse, promoting behavioral health services, and enhancing community well-being. The initiatives include:

⁴⁵ Opioid Litigation Proceeds Amendment Act of 2022." D.C. Law 24-315.

⁴⁶ <https://dbh.dc.gov/page/opioid-abatement-advisory-commission-01>

4. **\$400,000 to expand the Substance Abuse and Behavioral Health Targeted Outreach Grants** to include sites in Wards 5 and 6. This initiative pilots the effectiveness direct support, relationship development, and resource brokering to individuals in need of substance abuse and behavioral health services in the District.
5. **\$325,000 to continue the School-Based Behavioral Health Peer to Peer Pilot** for a second year. This program, created by the Council in the FY 2024 budget, provides grants to a Community-Based Organization to train and supervise a team of students who enhance access to behavioral health services and resources while educating their peers on behavioral health topics, including opioid and drug prevention.
6. **\$400,000 to restore the funding loss resulting from the expiration of a federal grant for the Office of the Chief Medical Examiner Illicit Drug Surveillance:** This funding sustains the Office of the Medical Examiner's forensic toxicology testing capabilities and supports the development of innovative forensic testing methods. These tests provide important data on suspected opioid-related fatalities, enabling agencies to strategize and respond effectively to the opioid crisis. They involve the analysis of tissue, blood, and other samples from individuals suspected to have died from an opioid overdose. Without this work, a comprehensive understanding of the role of opioids and other toxic substances in District fatalities would be unattainable.

Section-by-Section Analysis

Sec. xxx1 Short title.

Sec. xxx2 Amends the Opioid Abatement Fund Establishment Act of 2022 by requiring DBH to allocate Opioid Abatement Funds for targeted outreach services addressing behavioral health and substance abuse issues in Wards 5 and 6, funding for a second year of the School-Based Behavioral Health Student Peer Educator Pilot Amendment Act of 2024, and funds to the Office of the Chief Medical Examiner to test illicit drug misuse.

Fiscal Impact

The Office of Revenue Analysis estimates that the Financial Impact of this subtitle is \$1,125,000 which will be paid from the Mayor's proposed Fiscal Year 2025 budget authority of the Opioid Abatement Fund within the Department of Behavioral Health.

TITLE V, SUBTITLE X. PRIOR AUTHORIZATION REFORM AMENDMENT

Purpose, Effect, and Impact on Existing Law

This subtitle would amend the Prior Authorization Reform Amendment Act of 2023 to exclude health benefits plans provided through Medicaid and the DC HealthCare Alliance from requirements regarding data transparency for prior authorization, including making 5 years of prior authorization requests available on a patient's online portal, and making statistics regarding prior authorization determinations available on the insurer's website.

Committee Reasoning

D.C. Law 25-0100, the Prior Authorization Reform Amendment Act of 2023, improves access to health care by establishing a suite of guidelines and protections to ensure District residents enrolled in health benefit plans can access medications and medically appropriate care without undue burden or delay. This legislation went into effect for private insurance plans on the effective date of the legislation, January 17, 2024. However, because the Department of Health Care Finance estimated a financial impact to implement the legislation for Medicaid and the DC HealthCare Alliance, beneficiaries of these programs do not yet benefit from the prior authorization reforms.

The Fiscal Impact Statement totals \$25,405,000 (\$7,095,000 local; \$18,310,000 federal Medicaid match) over the financial plan for the legislation to apply to Medicaid and Alliance. This FIS includes costs for 4 requirements established by the legislation:

1. \$7.036 million for required Accelerated Prior Authorization Review (\$2.01 million local; \$5.026 million federal Medicaid match);
2. \$3.975 million for the requirement that utilization review entities (health insurers) provide 5 years of prior determination history on their patient portal
3. \$11.012 million for the requirement of increased credentials for Adverse Determination and Appeals (\$3.011 million local; \$8.001 federal Medicaid match); and
4. \$3.383 million for utilization review entities to include public facing determination statistics on their websites (\$931,000 local; \$2.452 million federal Medicaid match).

The Committee is please to have identified funds to implement the (1) Accelerated Prior Authorization Review and (3) Increased credentials for Adverse Determination and Appeals in its FY 2025 Budget Report. Implementing these provisions will create greater parity in health care access for beneficiaries of Medicaid and Alliance and individuals on private insurance. The Committee does not allocate funding to implement requirements (2) and (4) because the Committee has reason to believe that the Managed Care Organizations (MCOs) who are the utilization review entities for Medicaid, will develop patient portals over the next few years, at which point the cost of these requirements would significantly decrease.

Therefore, the Committee recommends this subtitle, which carves out health benefits plans provided through Medicaid and the DC HealthCare Alliance from these requirements.

Fiscal Impact

The Office of Revenue Analysis states that there is no impact to this subtitle, however it is related to the budget because this amendment is required for the Committee to repeal the subject to appropriations clause for the Prior Authorization Reform Amendment Act of 2023.

TITLE V, SUBTITLE X. SCHOOL-BASED BEHAVIORAL HEALTH STUDENT PEER EDUCATOR PILOT

Purpose, Effect, and Impact on Existing Law

This subtitle would amend the Early Childhood and School-Based Behavioral Health Infrastructure Act of 2012, effective June 7, 2012 (D.C. Law 19-141, D.C. Official Code § 2-1517.31 *et seq.*) to establish a second year of the school-based behavioral health student peer educator pilot program for at least 100 District public and public charter high school students.

Committee Reasoning

The mental health of youth in the District, like youth across the nation, has been declining steadily for over a decade, and the COVID-19 pandemic exacerbated this crisis. According to the American Psychological Association, more than half of teens reported feeling more stressed, sad, or hopeless, and lonelier because of the pandemic. The Office of the State Superintendent (OSSE) 2021 Youth Risk Behavior Survey (YRBS) revealed that a significant percentage of youth in the District reported feeling sad or hopeless for two consecutive weeks, with an increase from 2017. The data on suicide is alarming, with 25% of females and 10% of males in high school reporting that they thought seriously about suicide; and 21% of females and 10% of males reporting that they had a plan. The survey also found increases in disordered eating behaviors among students, and a concerning percentage (28%) of high school students reporting witnessing physical violence in their neighborhood. Additionally, almost a third of all students reported being in a physical fight in the past year.

Over the past four years, the Committee has heard from students during performance and budget oversight hearings, expressing concerns about the lack of accessible and quality behavioral health services and supports in their high schools. In response, the Committee proposed in the FY 2024 budget the addition of a subtitle, the School-Based Behavioral Health Student Peer Educator Pilot Amendment Act of 2023, aimed at closing the gap in access to behavioral health services by involving students in the initiative. With an allocation of \$325,000, DBH was tasked with awarding funds to one or two community-based organizations to recruit, train, and supervise at least 100 peer educators, with a preference for programs targeting high schools in Wards 5, 7, and 8. This subtitle establishes a second year of this pilot program. During the FY 2025 Department of Behavioral Health budget oversight hearing, Carmen Brito, a Senior at Jackson Reed High School, expressed concern about the lack of mental health education in District schools. She emphasized, “The lack of mental health education is a big problem in schools. When students do not have the time to develop resilience-building skills, they are less able to deal with stress on their own.” Similarly, Nyla Anderson, a Junior at Benjamin Banneker, highlighted the impact of her school’s stressful academic environment on students’ mental health. She described instances where students experienced breakdowns and panic attacks due to academic pressure, stating, “There have been students who have broken down due to the grades, having panic attacks in class. The school continues to neglect the competitive nature [of] the school environment. Many students come to school even when they’re ill or not in the best mental state just to make sure that their grades don’t dwindle from missing the day.”

The involvement of students as behavioral health peer educators within their schools represents a pivotal approach in addressing the mental health needs of adolescents. Classroom presentations conducted by peer educators not only disseminate vital information but also serve as catalysts for destigmatizing mental health issues within school communities. Collaborating with school clinicians further strengthens the continuum of care by ensuring that students receive comprehensive support tailored to their individual needs. Additionally, distributing materials on resilience-building topics empowers students with practical tools to navigate challenges and develop coping skills. Finally, individual education sessions conducted by peer educators offer personalized guidance and support, fostering a culture of mutual aid and promoting overall well-being among students.

In FY 2025, through this pilot program, DBH will establish a second year of the school-based behavioral health student peer educator pilot, by continuing to provide grants to previous grantees previously awarded funds in FY 2024 to recruit, train, and supervise at least 100 peer educators.

Section-by-Section Analysis

Sec. xxx1 Short title.

Sec. xxx2 Amends the Early Childhood and School-Based Behavioral Health Infrastructure Act of 2012, by requiring the Department of Behavioral Health to award grants totaling \$325,000, by October 15, 2024, to the non-governmental entities previously awarded grants in FY 2024.

Fiscal Impact

The Office of Revenue Analysis estimates that the Financial Impact of this subtitle is \$325,000 in one-time funding, which is equal to the cost of the grant, and funded through the Mayor's Proposed Fiscal Year 2025 budget authority of the Opioid Abatement Fund within the Department of Behavioral Health.

TITLE V, SUBTITLE X. SUBSTANCE ABUSE AND BEHAVIORAL HEALTH SERVICES TARGETED OUTREACH GRANT

Purpose, Effect, and Impact on Existing Law

The purpose of this subtitle is to require DBH to provide grant funding to a non-governmental organization by October 31, 2024 to provide direct support, relationship development, and resource brokering to individuals in need of substance abuse and behavioral health services at six sites with high drug activity and substance abuse: (1) the vicinity of the 600 block of T Street, N.W., (2) the vicinity of the 1100-1300 blocks of Mount Olivet Road, N.E., (3) the vicinity of the 3800-4000 blocks of Minnesota Ave. N.E., (4) the vicinity of the 1300-1800 blocks of Marion Barry Avenue, S.E.; (5) the vicinity of King Greenleaf Recreation Center located at 201 N Street, S.W.; and (6) the vicinity of the of the 1300-1700 blocks of North Capitol Street, N.W. Through this subtitle DBH would also provide a grant to an organization responsible for maintaining a Ward 1 Main Street corridor.

Committee Reasoning

According to data from the Office of the Chief Medical Examiner (OCME), opioid-related fatal overdoses are at an all-time high. In 2023, there were 522 opioid-related fatal overdoses, averaging 43 deaths per month, reflecting a 13% increase. Currently in 2024, 20 opioid-related fatalities have been certified by OCME (as of April 17, 2024). Fentanyl, a potent synthetic opioid used primarily for pain management, remains prevalent in nearly all overdose fatalities.

Opioid overdoses continue to disproportionately impact Black residents. OCME reports that in 2023, 83% of those who succumbed to opioid overdoses were Black residents, with the majority being Black men. Wards 7 and 8 experienced the highest number of fatal and non-fatal opioid overdoses in the District in 2023. The map below illustrates overdoses per capita for each ward in.

Opioid-related deaths can be prevented, and opioid dependency is a treatable medical condition. Moreover, opioid use is linked to an increased risk of HIV infection, and implementing strategies to prevent opioid use can also help to curb the spread of HIV. Across the District, there are public spaces where individuals who are using opioids and other narcotics gather and use drugs together. These concentrated drug use locations are dangerous for those using drugs, and cause frustration for neighbors, schools, and local businesses who do not feel safe walking past. This subtitle would fund a second year of the pilot and add three additional outreach locations. The goal is to pilot the effectiveness of an influx of direct support, relationship development, and resource brokering for individuals in need of substance abuse and behavioral health services at the following locations with concentrated outdoor drug use:

1. **The vicinity of the 600 block of T Street, N.W.:** Over the past year, the Office of Ward 1 Councilmember Brianne Nadeau has been coordinating with the Mayor's Office of Neighborhood Engagement, local Advisory Neighborhood Commissions, businesses, residents, Howard University, Cleveland Elementary Schools, and others to address concerns about the T Street Plaza site. The District has tried several deterrents, including fencing off areas and removing furniture, that temporarily address the issue but do not get to the root of the substance abuse and behavioral health issues faced by these individuals.
2. **The vicinity of the 1100-1300 blocks of Mount Olivet Road, N.E.:** The Office of Ward 5 Councilmember Zachary Parker has received several reports of drug use in alleys and abandoned buildings in the vicinity of the intersection of West Virginia Avenue, N.E. and Mount Olivet Road, N.E. Thus far, the District's response has been to increase police presence in the area, but this only provides a temporary solution. There are reports of overdosing in the area and repeated calls for emergency support. Neighbors also report this area is an open drug market for sales.
3. **The vicinity of the 3800-4000 blocks of Minnesota Avenue, N.E.:** The Office of Ward 7 Councilmember Vincent Gray has received numerous concerns from Ward 7 residents about the serious drug use in the 3800-4000 blocks of Minnesota Ave., N.E. Councilmember Gray's office has collaborated with the Department of Behavioral Health (DBH) and community organizations to develop solutions. It is especially concerning that young children and babies are frequently seen in the area with adults who are under the

influence or actively using drugs. This underscores the urgent need for intervention and support in the area.

4. **The vicinity of the 1300-1800 blocks of Marion Barry Avenue, S.E.:** Since 2018, Ward 8 has consistently reported the highest number of fatal and non-fatal overdoses in the District. In 2023 alone, there were 80 fatal overdoses attributed to opioid use. The Office Ward 8 Councilmember Trayon White has received concerns from community residents regarding drug use in the area, as well as concerns regarding a nearby methadone clinic.
5. **The vicinity of King Greenleaf Recreation Center located at 201 N Street, S.W.:** Substance use disorder, particularly involving opioids, has been a significant issue in this area of Ward 6. Ward 6 Councilmember Charles Allen's office has received numerous communications concerning drug use around and within senior living buildings in this vicinity.
6. **The vicinity of the of the 1300-1700 blocks of North Capitol Street, N.W.:** This area has been a hotspot for drug use, with violence connected to drug-related activities. Schools in this vicinity have reported finding syringes on school property, raising serious concerns about student safety and well-being.

Through this pilot, DBH would also be required to award a grant to an organization responsible for maintaining a Main Street corridor in Ward 1 to hire 8 full-time positions to provide direct support, relationship development and resource brokering to individuals at the following locations:

1. Columbia Heights Civic Plaza;
2. The intersection of Mount Pleasant Street, NW and Kenyon Street, NW;
3. Georgia Avenue, NW, between New Hampshire Avenue, NW, and Harvard Street, NW;
and
4. U Street, NW, between 14th Street, NW, and Georgia Avenue, NW.

Each of these areas would greatly benefit from consistent and intensive outreach and support to connect individuals with the necessary services and resources, and help them enter treatment and recovery. A targeted outreach team could improve access to treatment, provide harm reduction services, and address the root causes of drug use in the area.

Section-by-Section Analysis

Sec. xxx1 Short title.

Sec. xxx2 Requires the Department of Behavioral Health to award one or more grants in the amount of \$1,200,000 to a 501(c)(3) organization to provide direct support, relationship development, and resource brokering to individuals in need of substance abuse and behavioral health services in the (1) the vicinity of the 600 block of T Street, N.W., (2) the vicinity of the 1100-1300 blocks of Mount Olivet Road, N.E., (3) the vicinity of the 3800-4000 blocks of Minnesota Ave. N.E., (4) the vicinity of the 1300-1800 blocks of Marion Barry Avenue, S.E.; (5) the vicinity of King Greenleaf Recreation Center located at 201 N Street, S.W.; and (6) the

vicinity of the of the 1300-1700 blocks of North Capitol Street, N.W. Additionally, this section stipulates that DBH will allocate funds to an organization tasked with maintaining a Ward 1 Main Street corridor. DBH is also required to awards grants in FY 2025 to the same organizations that were awarded grants for locations 1-3 in FY 2024. Lastly, this section requires that grantees submit annual reports to DBH, which must then relay them to the Council within 30 days of receipt.

Fiscal Impact

The Office of Revenue Analysis estimates that the Financial Impact of this subtitle is \$1,200,000 in one-time funding, which is equal to the cost of the grant. The Mayor’s proposed FY 2025 budget included \$600,000 in one time local funding for this pilot, and the Committee on Recreation Libraries and Youth Affairs transferred \$200,000 in one time local funds for the additional site in Ward 8. This total of \$800,000 is located in Program 700286 Adult Behavioral Health Services Mh/Sud, Cost Center 70424 Sud Prevention Office and Account 7141007 Grants & Gratuities within the Department of Behavioral Health. The remaining \$400,000 is funded through the Mayor’s Proposed FY 2025 budget authority of the Opioid Abatement Fund within the Department of Behavioral Health.

TITLE V, SUBTITLE X. SEXUAL HEALTH PEER EDUCATORS

Purpose, Effect, and Impact on Existing Law

This subtitle amends the Department of Health Functions Clarification Act of 2001 by creating a Sexual Health Peer Educators Grant program, that would provide \$150,000 to non-governmental entities to train, compensate, and supervise at least 50 high school students to work in public and public charter high schools as sexual health educators.

Committee Reasoning

This subtitle is intended to restart the evidence-based peer-to-peer sexual health and tobacco cessation grant that DC Health used to administer, but that was cut during the COVID-19 public health emergency when schools moved to virtual learning. A number of high school student representatives from the Young Women’s Project advocated at the Budget Oversight Hearing for this grant program as a way to better reach them and their peers. DC Health testified that peer-based sexual health programs have strong evidence to support their effectiveness, and that the District should invest in such programs. As middle school and high school youth have returned to in-person learning and extracurricular activities, the need for peer-led sexual education once again has become increasingly crucial. According to a 2022 Young Women’s Project Sexual Health Survey of 600 students from 22 schools, 84% of high school students in the District received less than one hour of sex education in 2022.⁴⁷ Further, of the 24% of teens who reported being sexually active, only 46% reported using a condom in their last encounter (down from 57% in 2019). Although DC Health is supporting a Sexual Health Youth Advisory Board through an MOU with OSSE, that group currently includes only 8 active students representing 5 schools.

⁴⁷ Young Women’s Project. “YWP Sexual Health & Wellness Survey: Preliminary Results.” (Dec. 26, 2022) available at: https://docs.google.com/document/d/1MOuwMBVfKRLt1V3ToH8dKiNHONwQhL_jMQ7XyHKWzNg/edit (accessed May 6, 2024)

The Committee was able to provide \$150,000 to fund this grant in FY 2025, but recognizes that full restoration of this grant would necessitate \$213,000. The Committee hopes to further expand the grant program in future fiscal years.

Section-by-Section Analysis

Sec. xxx1 Short title.

Sec. xxx2 Amends the Department of Health Functions Clarification Act of 2001 by creating a new Sexual Health Peer Educators Grant program, under which DC Health would be required to provide \$150,000 in grant funding to non-governmental entities to train, compensate, and supervise at least 125 high school students to work in public and public charter schools as sexual health educators; Establishes criteria for grant applications, including that the applicant must list at least 3 public or public charter high schools, with a preference for Wards 5, 7, and 8, state the number of student health educators they plan to hire; state the types of interventions the applicant will train the student health educators to perform; state that the applicant is based in the District; demonstrate experience providing programming to high school students related to sexual and reproductive health; and commit to quarterly reports to DC Health.

Fiscal Impact

The Office of Revenue Analysis estimates that the Financial Impact of this subtitle is \$150,000 in recurring local funding, which is equal to the cost of the grant. This funding is located in the Department of Health, Program 700041 Prevention And Intervention Services, Cost Center 70079 Prevention & Intervention Services and Account 7141007 Grants & Gratuities.

TITLE V, SUBTITLE X. TOBACCO USE CESSATION INITIATIVES

Purpose, Effect, and Impact on Existing Law

This subtitle amends the Department of Health Functions Clarification Act of 2001 by creating a new special non-lapsing fund, the Tobacco Use Cessation Fund. This Fund will be administered by DC Health and will include any appropriated funds, as well as 50% of the amounts received by the District in the settlement of *District of Columbia v. JUUL Labs Inc.*, Superior Court of the District of Columbia Case No. 2019 CA 007795 B (“Settlement Funds”).

The subtitle requires DC Health to spend the funds on tobacco use prevention, education, and cessation programs, including: Investigators, including youth associates, to attempt vaping purchases; Social media countermarking campaign featuring District youth; and Developing and conducting a bi-annual survey on District youth use of vaping products; and Developing a bi-annual report detailing how the Settlement Funds allocated to the DC Health have been spent and providing updated data from the survey described above.

Committee Reasoning

The DC Office of the Attorney General (OAG) reached a legal settlement with JUUL Labs, Inc. in April 2023, resolving allegations of violating consumer protection laws related to youth

marketing and sales practices. Through the settlement, the District will receive a total of \$13.67 million over eight years, or \$1.7 million per year. There are currently two years' worth of Settlement Funds available in FY 2025, totaling \$3.42 million, because the FY 2024 funds were loaded after the budget was finalized. The Settlement Agreement mandates that at least 50% of the funds, totaling \$7.56M over eight years, be used for vaping remediation efforts, including cessation, education, and prevention initiatives. OAG has proposed keeping 25% of the funds within its Litigation Support Fund (LSF) and allocating the remaining 75% to the General Fund.

The Committee on the Judiciary has agreed to transfer 50% of the Settlement Funds to the new Tobacco Use Cessation Fund. The Committee developed the specific uses described in the subtitle based on DC Health's original application to OAG for the Settlement Funds, which proposed using all \$13.67M of the Settlement Funds on the purposes named in this subtitle.

Section-by-Section Analysis

Sec. xxx1 Short title.

Sec. xxx2 Amends the Department of Health Functions Clarification Act of 2001 by creating a new, special, non-lapsing fund entitle the Tobacco Use Cessation Fund to be administered by DC Health and to be spend on the following categories: Investigators, including youth associates, to attempt vaping purchases; Social media counter marketing campaign featuring District youth; Developing and conducting a bi-annual survey on District youth use of vaping products; and Developing a bi-annual report detailing how the Settlement Funds have been allocated and providing updated data on youth use of vaping products.

Sec. xxx3 Repeals the Smoking Cessation Fund in D.C. Code Section 47-2402(1).

Fiscal Impact

The fiscal impact of this subtitle is \$1,624,945 in FY 2025 and \$853,785 annually throughout the financial plan. This funding will be transferred from the OAG Litigation Support Fund.

TITLE V, SUBTITLE X. S2A REPEALS

Purpose, Effect, and Impact on Existing Law

The subtitle repeals the subject to appropriations clauses for the following pieces of legislation passed by the Council during Council Period 25:

- Prior Authorization Reform Amendment Act of 2023, effective January 17, 2024 (D.C. Law 25-100; D.C. Official Code § 31-3875.01 *et seq.*);
- Access to Emergency Medications Amendment Act of 2023, effective February 23, 2024 (D.C. Law 25-0124; 70 DCR 16578); and
- Expanding Access to Fertility Treatment Amendment Act of 2023, effective September 22, 2023 (D.C. Law 25-0049; 70 DCR 10351).

Committee Reasoning

The Committee is pleased to fully fund several critical pieces of legislation considered and approved by the Committee during this Council Period.

Section-by-Section Analysis

- Sec. xxx1* Short title.
- Sec. xxx2* Repeals section 301, the subject to appropriations clause, of D.C. Law 25-100, the Prior Authorization Reform Amendment Act of 2023.
- Sec. xxx3* Repeals section 3 of D.C. Law 25-0124, the Access to Emergency Medications Amendment Act of 2023.
- Sec. xxx4* Repeals section 3 of D.C. Law 25-0049, the Expanding Access to Fertility Treatment Amendment Act of 2023.

Fiscal Impact

The Committee has allocated funds to pay for the estimated financial impact of each of these laws, as provided by the Office of Revenue Analysis:

1. Prior Authorization Reform Amendment Act of 2023, effective January 17, 2024 (D.C. Law 25-100; D.C. Official Code § 31-3875.01 *et seq.*)
 - As described in the Committee reasoning for Subtitle X, Prior Authorization Reform Amendment, the Committee has amended this legislation by exempting health plans under Medicaid and the Alliance from the data transparency provisions in the original bill that had associated financial impacts. The Committee fully funds the FIS for the other two requirements with associated financial impacts and is therefore able to repeal the subject to appropriations clause. The FIS for this legislation can be found on LIMS.⁴⁸
 - Within the Department of Health Care Finance, this legislation was funded as follows:
 - \$60,480 in FY25 in recurring local funds for Program 100190 Clinicians, Rx And Acute Care, Cost Center 70161 Division Of Clinicians, Pharmacy, & Acute Provider Services and Account 7132001 Contractual Services - Other to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
 - \$181,441 in FY25 in recurring Federal Medicaid Payments for Program 100190 Clinicians, Rx And Acute Care, Cost Center 70161 Division Of Clinicians, Pharmacy, & Acute Provider Services and Account 7132001

⁴⁸ Office of the Chief Financial Officer, Fiscal Impact Statement- Prior Authorization Reform Amendment Act of 2023 (issued September 26, 2023). Accessed on May 8, 2024 at: https://lms.dccouncil.gov/downloads/LIMS/52301/Other/B25-0124-FIS_-_Prior_Authorization_Reform.pdf?Id=176398

- Contractual Services - Other to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
- \$206,700 in FY25 in recurring local funds for Program 700105 MCO - Medicaid, Cost Center 70202 Cassip and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
 - \$482,300 in FY25 in recurring Federal Medicaid Payments for Program 700105 MCO - Medicaid, Cost Center 70202 Cassip and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
 - \$85,002 in FY25 in recurring local funds for Program 700105 MCO - Medicaid, Cost Center 70200 Managed Care Organizations (MCO) and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
 - \$198,338 in FY25 in recurring Federal Medicaid Payments for Program 700105 MCO - Medicaid, Cost Center 70200 Managed Care Organizations (MCO) and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
 - \$23,913 in FY25 in recurring local funds for Program 700102 MCO - Childless Adults (Group 8), Cost Center 70231 MCO-Newly Eligible and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
 - \$215,218 in FY25 in recurring Federal Medicaid Payments for Program 700102 MCO - Childless Adults (Group 8), Cost Center 70231 MCO-Newly Eligible and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
 - \$624 in FY25 in recurring local funds for Program 700102 MCO - Childless Adults (Group 8), Cost Center 70236 MCO- Expansion Population and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
 - \$5,615 in FY25 in recurring Federal Medicaid Payments for Program 700102 MCO - Childless Adults (Group 8), Cost Center 70236 MCO-Expansion Population and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
 - \$8,388 in FY25 in recurring local funds for Program 700103 MCO - Chip, Cost Center 70201 Managed Care Organizations (MCO) - Chip and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-

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- 124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
- \$31,555 in FY25 in recurring Federal Medicaid Payments for Program 700103 MCO - Chip, Cost Center 70201 Managed Care Organizations (MCO) - Chip and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
 - \$47,376 in FY25 in recurring local funds for Program 700105 MCO - Medicaid, Cost Center 70500 MCO-Abd and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
 - \$110,545 in FY25 in recurring Federal Medicaid Payments for Program 700105 MCO - Medicaid, Cost Center 70500 MCO-Abd and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
 - \$4,629 in FY25 in recurring local funds for Program 700104 MCO - Immigrant Children, Cost Center 70224 Immigrant Kids and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
 - \$52,638 in FY25 in recurring local funds for Program 700101 MCO - Alliance, Cost Center 70259 MCO Alliance and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Accelerated Prior Authorization Review.
 - \$240,000 in FY25 in recurring local funds for Program 100190 Clinicians, Rx And Acute Care, Cost Center 70161 Division Of Clinicians, Pharmacy, & Acute Provider Services and Account 7132001 Contractual Services - Other to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.
 - \$720,000 in FY25 in recurring Federal Medicaid Payments for Program 100190 Clinicians, Rx And Acute Care, Cost Center 70161 Division Of Clinicians, Pharmacy, & Acute Provider Services and Account 7132001 Contractual Services - Other to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.
 - \$81,000 in FY25 in recurring local funds for Program 700105 MCO - Medicaid, Cost Center 70202 Cassip and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.
 - \$189,000 in FY25 in recurring Federal Medicaid Payments for Program 700105 MCO - Medicaid, Cost Center 70202 Cassip and Account 7141003

Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.

- \$157,642 in FY25 in recurring local funds for Program 700105 MCO - Medicaid, Cost Center 70200 Managed Care Organizations (MCO) and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.
- \$367,831 in FY25 in recurring Federal Medicaid Payments for Program 700105 MCO - Medicaid, Cost Center 70200 Managed Care Organizations (MCO) and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.
- \$44,348 in FY25 in recurring local funds for Program 700102 MCO - Childless Adults (Group 8), Cost Center 70231 MCO-Newly Eligible and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.
- \$399,135 in FY25 in recurring Federal Medicaid Payments for Program 700102 MCO - Childless Adults (Group 8), Cost Center 70231 MCO-Newly Eligible and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.
- \$1,157 in FY25 in recurring local funds for Program 700102 MCO - Childless Adults (Group 8), Cost Center 70236 MCO- Expansion Population and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.
- \$10,413 in FY25 in recurring Federal Medicaid Payments for Program 700102 MCO - Childless Adults (Group 8), Cost Center 70236 MCO-Expansion Population and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.
- \$15,556 in FY25 in recurring local funds for Program 700103 MCO - Chip, Cost Center 70201 Managed Care Organizations (MCO) - Chip and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.
- \$58,520 in FY25 in recurring Federal Medicaid Payments for Program 700103 MCO - Chip, Cost Center 70201 Managed Care Organizations (MCO) - Chip and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.
- \$87,863 in FY25 in recurring local funds for Program 700105 MCO - Medicaid, Cost Center 70500 MCO-Abd and Account 7141003 Medical

- Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.
- \$205,013 in FY25 in recurring Federal Medicaid Payments for Program 700105 MCO - Medicaid, Cost Center 70500 MCO-Abd and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.
 - \$8,586 in FY25 in recurring local funds for Program 700104 MCO - Immigrant Children, Cost Center 70224 Immigrant Kids and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.
 - \$97,621 in FY25 in recurring local funds for Program 700101 MCO - Alliance, Cost Center 70259 MCO Alliance and Account 7141003 Medical Vendor Services to satisfy the FIS for B25-124/L25/100 Prior Authorization Reform Amendment Act of 2023 - Adverse Determination and Appeals Credentialing Requirements.
2. Access to Emergency Medications Amendment Act of 2023, effective February 23, 2024 (D.C. Law 25-0124; 70 DCR 16578)
- The Committee requested an updated Financial Impact Statement from ORA during the FY 2025 budget formulation process. The update FIS is included below and the funds are allocated as follows:
 - Within the Department of Health:
 - \$164,431 in FY25 in recurring local funds for Program 700026 Family Health, Cost Center 70058 Family Health Bureau and Account 7011001 Continuing Full Time to fund FTE requirements for B25-226 Access to Emergency Medications Amendment Act for one Grade 12, Step 1 Nurse Consultant and one Grade 9, Step 5 Program Support Specialist.
 - \$36,175 in FY25 in recurring local funds for Program 700026 Family Health, Cost Center 70058 Family Health Bureau and Account 7014008 Misc Fringe Benefits to fund FTE fringe requirement for B25-226 Access to Emergency Medications Amendment Act .
 - \$46,000 in FY25 in one time local funds for Program 700026 Family Health, Cost Center 70058 Family Health Bureau and Account 7132001 Contractual Services - Other to fund medication storage for B25-226 Access to Emergency Medications Amendment Act .
 - \$22,000 in FY25 in one time local funds for Program 700026 Family Health, Cost Center 70058 Family Health Bureau and Account 7132001 Contractual Services - Other to fund training for B25-226 Access to Emergency Medications Amendment Act .
 - \$376,000 in FY25 in recurring local funds for Program 700026 Family Health, Cost Center 70058 Family Health Bureau and Account 7132001 Contractual Services - Other to fund Medication Procurement and

Distribution for B25-226 Access to Emergency Medications Amendment Act .

- Via a transfer to the Committee of the Whole directed to the Office of the State Superintendent of Education:
 - \$90,805 in FY25 recurring local funds for Program 400365, Cost Center 40230, Account 7011001 for salary for one Grade 12 Step 5 FTE.
 - \$21,975 in FY25 recurring local funds for Program 400365, Cost Center 40230, Account 7014008, for fringe for one Grade 12 Step 5 FTE.

Bill 25-226, Access to Emergency Medications Amendment act of 2023					
Total DC Health Cost					
	FY2025	FY2026	FY2027	FY2028	TOTAL
Salary (a)	\$164,431	\$167,555	\$170,739	\$173,983	\$676,708
Fringe	\$36,175	\$37,728	\$39,349	\$41,039	\$154,291
Medication Storage (b)	\$46,000	\$0	\$0	\$0	\$46,000
Training Update	\$22,000	\$0	\$0	\$0	\$22,000
Medication Procurement and Distribution (c)	\$376,000	\$383,144	\$390,424	\$397,842	\$1,547,410
TOTAL	\$644,606	\$588,428	\$600,511	\$612,863	\$2,446,408

(a) Assumes salary for one Grade 12, Step 1 Nurse Consultant (\$98,335) and one Grade 9, Step 5 Program Support Specialist.(\$66,078) Assumes fringe rate of 22.0 percent, cost growth of 1.9 percent, and fringe growth of 2.35 percent. Assumes October 1, 2024 start date.

(b) Assumes one-time costs of \$650 for procure and install 71 locking medication cabinets.

(c) Includes annual procurement and distribution of albuterol and glucagon to 252 schools.

Bill 25-226, Access to Emergency Medications Amendment act of 2023					
Total OSSE Cost					
	FY2025	FY2026	FY2027	FY2028	TOTAL
Salary	\$90,805	\$92,349	\$93,919	\$95,515	\$372,588
Fringe	\$21,975	\$22,874	\$23,809	\$24,783	\$93,440
TOTAL	\$112,780	\$115,222	\$117,728	\$120,298	\$466,028

(a) Assumes salary for one Grade 12, Step 5 Management Analyst. (\$90,805) Assumes fringe rate of 24.2 percent, cost growth of 1.9 percent, and fringe growth of 2.35 percent. Assumes October 1, 2024 start date.

Bill 25-226, Access to Emergency Medications Amendment Act of 2023					
Total Cost					
	FY2025	FY2026	FY2027	FY2028	TOTAL

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DC HEALTH	\$644,606	\$588,428	\$600,511	\$612,863	\$2,446,408
OSSE	\$112,780	\$115,222	\$117,728	\$120,298	\$466,028
TOTAL	\$757,386	\$703,650	\$718,239	\$733,161	\$2,912,436

3. Expanding Access to Fertility Treatment Amendment Act of 2023, effective September 22, 2023 (D.C. Law 25-0049; 70 DCR 10351)

- The Committee funded the Medicaid portion of this legislation in the Fiscal Year 2024 budget, and therefore the last remaining portion of the legislation subject to appropriations is the requirement for DC Health Link plans to provide the services covered by the legislation. To implement this provision, the Council must fund the defrayal costs for these plans in Plan Year 2025, until the new CMS regulations go into effect (see HBX chapter for further explanation). The Committee worked closed with ORA, HBX, and DISB to revise the FIS, which the Committee fully funds:
 - \$175,000 in FY26 and \$245,000 in FY27 in enterprise and other funds for Program 700065 Member Services, Cost Center 70468 Program Management and Account 7141009 Subsidies to cover defrayal costs for Insurers to implement the Expanding Access to Fertility Treatment Amendment Act of 2023.

Total Cost by Fiscal Year for PY 2025 Claims	FY 2025	FY 2026	FY 2027	FY 2028	Total
Defrayal Costs	\$0	\$175,000	\$245,000	\$0	\$420,000

Committee Action and Vote

On Thursday, May 9, 2024, the Committee on Health held a hybrid meeting in Room 500 of the John A. Wilson Building and over the Zoom online platform to consider and vote on the Mayor's proposed FY 2025 budget for the agencies under its jurisdiction, the provisions of the FY 2025 Budget Support Act of 2024 referred to the Committee for comment, the Committee's budget report, and the ledger of Committee actions. Chairperson Christina Henderson determined the existence of a quorum with the presence of Councilmembers XXX. Chairperson Henderson provided an overview of the draft report, the ledger of committee actions, and the changes recommended to the Mayor's proposed budget, and then invited other members to provide comments on the Committee's report and recommendations.

[Committee Member Comments]

Chairperson Henderson then moved for approval of the Committee's Fiscal Year 2025 Local Budget Act recommendations, the Committee's Fiscal Year 2025 Budget Support Act of 2024 recommendations, the Committee's budget report, and the ledger of committee actions, with leave for staff to make technical and conforming changes to reflect the Committee's actions. The Members voted X-X to X the recommendations, voting as follows:

Members in favor:

Members opposed:

Members voting present:

Members absent:

Chairperson Henderson then thanked the members of the Committee for all of their work and support during the budget process. She thanked her staff, including Chief of Staff Michael Shaffer, Deputy Chief of Staff Heather Edelman, Committee Director Ona Balkus, Legislative Director Gabrielle Rogoff, Communications Director Sierra Wallace, Constituent Services Director Ana S. Berríos-Vázquez, Senior Policy Advisor Marcia Huff, Policy Advisor Rebecca Cooper, Legislative Assistants Ashley Strange and Nico Pcholkin, and Staff Assistant Taylor Coleman. She also thanked Errol Spence-Sutherland, Anne Phelps, and Jen Budoff of the Council Budget Office and Assistant General Counsel David Guo for their invaluable assistance. Chairperson Henderson adjourned the meeting at XX p.m.

Attachments

- Attachment A: Consolidated Entry Report of Recommended Changes to Agency Budgets and Revenues for Agencies under the Committee’s Purview
- Attachment B: Recommended Agency Budgets and Full-Time Equivalents by Cost Center for Agencies under the Committee’s Purview
- Attachment C: Recommended Agency Budgets and Full-Time Equivalents by Program for Agencies under the Committee’s Purview
- Attachment D: Recommended Agency Budgets by Fund for Agencies under the Committee’s Purview
- Attachment E: Explanation of District Integrated Financial System Budget Attributes and Crosswalk
- Attachment F: Recommended Legislative Language for the Mayor’s Proposed Budget Support Act Subtitles under the Committee’s Purview
- Attachment G: Recommended Legislative Language for the Committee Proposed Budget Support Act Subtitles under the Committee’s Purview
- Attachment H: Witness List and Testimony Submitted for the April 8, 2024, Fiscal Year 2025 Budget Oversight Hearing on the DC Health Benefit Exchange Authority and the Not-for-Profit Hospital Corporation (United Medical Center)
- Attachment I: Witness List and Testimony Submitted for the April 10, 2024 (public witnesses) and April 11, 2024 (government witness), Fiscal Year 2025 Budget Oversight Hearing for the Department of Behavioral Health
- Attachment J: Witness List and Testimony Submitted for the April 10, 2024 (public witnesses) and April 11, 2024 (government witness), Fiscal Year 2025 Budget Oversight Hearing for the Department of Health
- Attachment K: Witness List and Testimony Submitted for the April 29, 2024, Fiscal Year 2025 Budget Oversight Hearing on the Office of the Deputy Mayor for Health and Human Services and the Department of Health Care Finance

Agency	Scenario	Committee	Cluster	Agency Code	DPS Appr. Fund	DPS Fund	DPS Program Parent L1	DPS Program	DPS Cost Ctr. Parent L1	DPS Cost Center	DPS Account Parent L1	DPS Account	Proposed Change in FTEs	Resources Budget	Adjustment	Recurring or One-Time Change	FY24	FY25	FY26	FY27	FY28	Comments	Legislation	
Department of Health Care Finance	Committee Recommendation	Committee on Health	Human Support Services	HT0	1010 - LOCAL FUND	1010001 - LOCAL FUNDS	AMP959 - CHIEF OPERATING OFFICE	100182 - CHIEF OPERATING OFFICE	H3702 - OFFICE OF THE CHIEF OPERATING OFFICE	70489 - CHIEF OPERATING OFFICER, ADMINISTRATIVE FUNCTIONS	7171000 - PURCHASES, EQUIPMENT & MAINTENANCE	7171009 - IT SOFTWARE ACQUISITIONS		Budget	Reduction	One Time						(\$135,451)	PLACEHOLDER REDUCTION to increase vacancy savings to 6%. Will replace with appropriate attributes.	
Department of Health Care Finance	Committee Recommendation	Committee on Health	Human Support Services	HT0	1010 - LOCAL FUND	1010001 - LOCAL FUNDS	H02709 - MCO - CHP	700103 - MCO - CHP	H3201 - MEDICAD PROVIDER ORGANIZATIONS (MCO) - CHP	70201 - MANAGED CARE ORGANIZATIONS (MCO) - CHP	714100C - GOVERNMENT SUBSIDIES & GRANTS	7141003 - MEDICAL VENDOR SERVICES		Budget	Enhance	Recurring		\$8,388	\$8,547	\$8,710	\$8,875	Accelerated Prior Authorization Review - CHP	B5-0124125-100 "Prior Authorization Reform Amendment Act of 2023	
Department of Health Care Finance	Committee Recommendation	Committee on Health	Human Support Services	HT0	1010 - LOCAL FUND	1010001 - LOCAL FUNDS	H02709 - MCO - CHP	700103 - MCO - CHP	H3201 - MEDICAD PROVIDER ORGANIZATIONS (MCO) - CHP	70201 - MANAGED CARE ORGANIZATIONS (MCO) - CHP	714100C - GOVERNMENT SUBSIDIES & GRANTS	7141003 - MEDICAL VENDOR SERVICES		Budget	Enhance	Recurring		\$15,556	\$15,852	\$16,153	\$16,460	Adverse Determination and Appeals Credentialing Requirements - CHP		
Department of Health Care Finance	Committee Recommendation	Committee on Health	Human Support Services	HT0	4025 - FEDERAL MEDICAD PAYMENTS	4025002 - FEDERAL MEDICAD PAYMENTS	H02709 - MCO - CHP	700103 - MCO - CHP	H3201 - MEDICAD PROVIDER ORGANIZATIONS (MCO) - CHP	70201 - MANAGED CARE ORGANIZATIONS (MCO) - CHP	714100C - GOVERNMENT SUBSIDIES & GRANTS	7141003 - MEDICAL VENDOR SERVICES		Budget	Enhance	Recurring		\$31,655	\$32,155	\$32,765	\$33,388	Accelerated Prior Authorization Review - CHP	B5-0124125-100 "Prior Authorization Reform Amendment Act of 2023	
Department of Health Care Finance	Committee Recommendation	Committee on Health	Human Support Services	HT0	4025 - FEDERAL MEDICAD PAYMENTS	4025002 - FEDERAL MEDICAD PAYMENTS	H02709 - MCO - CHP	700103 - MCO - CHP	H3201 - MEDICAD PROVIDER ORGANIZATIONS (MCO) - CHP	70201 - MANAGED CARE ORGANIZATIONS (MCO) - CHP	714100C - GOVERNMENT SUBSIDIES & GRANTS	7141003 - MEDICAL VENDOR SERVICES		Budget	Enhance	Recurring		\$58,620	\$59,832	\$60,765	\$61,919	Adverse Determination and Appeals Credentialing Requirements - CHP	B5-0124125-100 "Prior Authorization Reform Amendment Act of 2023	
Department of Health Care Finance	Committee Recommendation	Committee on Health	Human Support Services	HT0	4025 - FEDERAL MEDICAD PAYMENTS	4025002 - FEDERAL MEDICAD PAYMENTS	H02709 - MCO - CHP	700103 - MCO - CHP	H3201 - MEDICAD PROVIDER ORGANIZATIONS (MCO) - CHP	70201 - MANAGED CARE ORGANIZATIONS (MCO) - CHP	714100C - GOVERNMENT SUBSIDIES & GRANTS	7141003 - MEDICAL VENDOR SERVICES		Budget	Reduction	Recurring		(\$39,709)	(\$40,463)	(\$41,232)	(\$42,016)	Adjustment to Medicaid Budget due to increased district retention provided for in the Medicaid Reopment Hospital Directed Payment Act of 2024	B5A Subtitle: Medicaid Outpatient Hospital Directed Payment Act of 2024	
Department of Health Care Finance	Committee Recommendation	Committee on Health	Human Support Services	HT0	4025 - FEDERAL MEDICAD PAYMENTS	4025002 - FEDERAL MEDICAD PAYMENTS	H02709 - MCO - CHP	700103 - MCO - CHP	H3201 - MEDICAD PROVIDER ORGANIZATIONS (MCO) - CHP	70201 - MANAGED CARE ORGANIZATIONS (MCO) - CHP	714100C - GOVERNMENT SUBSIDIES & GRANTS	7141003 - MEDICAL VENDOR SERVICES		Budget	Reduction	Recurring		(\$61,856)	(\$62,858)	(\$64,062)	(\$65,279)	Adjustment to Medicaid Budget due to increased district retention provided for in the Medicaid Outpatient Hospital Directed Payment Act of 2024	B5A Subtitle: Substance Abuse and Behavioral Health Services Targeted Outreach Pilot Act of 2024*	
Department of Behavioral Health	Committee Recommendation	Committee on Health	Human Support Services	R90	1010 - LOCAL FUND	1010001 - LOCAL FUNDS	H04311 - MH/SUD BEHAVIORAL HEALTH SERVICES (ADULT)	700286 - MH/SUD BEHAVIORAL HEALTH SERVICES (ADULT)	H5801 - DIVISION OF CHILD/ADOLESCENT/FAMILY SERVICES	70424 - SUD PREVENTION OFFICE	714100C - GOVERNMENT SUBSIDIES & GRANTS	7141007 - GRANTS & GRATUITIES		Budget	Enhance	One Time					\$750,000	Transfer in from PWD for Substance Abuse and Behavioral Health Services Targeted Outreach Pilot Act of 2024*		
Department of Behavioral Health	Committee Recommendation	Committee on Health	Human Support Services	R90	1010 - LOCAL FUND	1010001 - LOCAL FUNDS	H04311 - MH/SUD BEHAVIORAL HEALTH SERVICES (ADULT)	700286 - MH/SUD BEHAVIORAL HEALTH SERVICES (ADULT)	H5801 - DIVISION OF CHILD/ADOLESCENT/FAMILY SERVICES	70424 - SUD PREVENTION OFFICE	714100C - GOVERNMENT SUBSIDIES & GRANTS	7141007 - GRANTS & GRATUITIES		Budget	Enhance	Recurring		\$300,000	\$305,700	\$311,508	\$317,427	Transfer in from BED for Gambling Addiction	B5A Subtitle: Substance Abuse and Behavioral Health Services Targeted Outreach Pilot Act of 2024*	
Department of Behavioral Health	Committee Recommendation	Committee on Health	Human Support Services	R90	1010 - LOCAL FUND	1010001 - LOCAL FUNDS	H04311 - MH/SUD BEHAVIORAL HEALTH SERVICES (ADULT)	700286 - MH/SUD BEHAVIORAL HEALTH SERVICES (ADULT)	H5801 - DIVISION OF CHILD/ADOLESCENT/FAMILY SERVICES	70424 - SUD PREVENTION OFFICE	714100C - GOVERNMENT SUBSIDIES & GRANTS	7141007 - GRANTS & GRATUITIES		Budget	Enhance	One Time					\$200,000	Transfer in from PMA for Ward 8 Targeted Outreach Site		

Agency Operating Budget by Cost Center Parent L1 and Cost Center					
Cost Center	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
Department of Behavioral Health					
A0101 - AGENCY FINANCIAL OPERATIONS DEPARTMENT					
10001 - BUDGET DIVISION	\$671,144	\$0	\$0	\$0	\$0
10002 - ACCOUNTING DIVISION	\$898,745	\$0	\$0	\$0	\$0
10003 - ACFO DIVISION	\$222,377	\$0	\$0	\$0	\$0
10070 - BUDGET DIVISION - HSSC	\$292	\$1,395,339	\$810,235	\$0	\$810,235
10071 - ACCOUNTING DIVISION - HSSC	\$0	\$787,171	\$890,306	\$0	\$890,306
10072 - ACFO DIVISION - HSSC	\$0	\$312,564	\$577,230	\$0	\$577,230
10086 - P-CARD CLEARING	\$37,998	\$0	\$0	\$0	\$0
TOTAL COST CENTER PARENT L1 FUNDS	\$1,830,556	\$2,495,073	\$2,277,771	\$0	\$2,277,771
C0100 - NO COST CENTER					
00000 - NO COST CENTER	(\$201,670)	\$0	\$0	\$0	\$0
TOTAL COST CENTER PARENT L1 FUNDS	(\$201,670)	\$0	\$0	\$0	\$0
H5701 - DIVISION OF ADULT SERVICES					
70411 - FORENSIC SERVICES OFFICE	\$4,371,424	\$4,734,130	\$4,102,385	\$0	\$4,102,385
70414 - ASSESSMENTS AND REFERRALS OFFICE	\$1,765,180	\$2,273,267	\$2,393,309	\$0	\$2,393,309
70417 - SPECIALTY CARE OFFICE	\$7,971,873	\$7,416,635	\$5,514,618	\$0	\$5,514,618
70418 - SOR GRANT OFFICE	\$25,405,859	\$29,847,071	\$36,014,647	\$0	\$36,014,647
70419 - OFFICE OF RESIDENTIAL SUPPORT AND CONTINUTLY SERVIC	\$614,491	\$582,907	\$599,614	\$0	\$599,614
70420 - HOUSING DEVELOPMENT OFFICE	\$27,419,358	\$29,637,309	\$28,987,309	(\$292,980)	\$28,694,329
70567 - LOCAL BEHAVIORAL HEALTH REHABILITATION OFFICE	\$0	\$0	\$44,638,076	\$0	\$44,638,076
TOTAL COST CENTER PARENT L1 FUNDS	\$67,548,186	\$74,491,317	\$122,249,958	(\$292,980)	\$121,956,978
H5801 - DIVISION OF CHILD/ADOLESCENT/FAMILY SERVICES					
70416 - OFFICE OF BEHAVIORAL HEALTH SERVICES	\$7,395,059	\$7,791,734	\$7,682,553	\$0	\$7,682,553
70424 - SUD PREVENTION OFFICE	\$12,248,501	\$13,171,675	\$11,752,089	\$1,250,000	\$13,002,089
70425 - OFFICE OF PREVENTION AND EARLY INTERVENTION	\$31,318,051	\$42,236,343	\$31,864,077	(\$669,748)	\$31,194,329
70426 - OFFICE OF LINKAGE AND ASSESSMENTS	\$4,343,647	\$4,453,466	\$2,396,602	\$0	\$2,396,602
70427 - OFFICE OF COMMUNITY BASED SERVICES	\$64,545,506	\$66,731,236	\$26,122,571	\$0	\$26,122,571
TOTAL COST CENTER PARENT L1 FUNDS	\$119,850,765	\$134,384,453	\$79,817,893	\$580,252	\$80,398,144
H5901 - EXECUTIVE OFFICE OF THE DIRECTOR					
70428 - EXECUTIVE ADMINISTRATIVE OFFICE - RMO	\$2,991,784	\$3,960,306	\$3,761,979	\$0	\$3,761,979
70429 - OFFICE OF THE GENERAL COUNSEL - RMO	\$1,049,390	\$1,040,560	\$1,046,625	\$0	\$1,046,625
TOTAL COST CENTER PARENT L1 FUNDS	\$4,041,174	\$5,000,866	\$4,808,604	\$0	\$4,808,604
H6001 - OFFICE OF POLICY ADVISOR					
70432 - OFFICE OF SYSTEMS TRANSFORMATION	\$6,091,311	\$6,292,334	\$5,821,094	\$0	\$5,821,094
TOTAL COST CENTER PARENT L1 FUNDS	\$6,091,311	\$6,292,334	\$5,821,094	\$0	\$5,821,094
H6101 - OFFICE OF THE CHIEF CLINICAL OFFICER					
70433 - OFFICE OF CLINICAL SERVICES AND SUPPORT	\$1,490,638	\$202,510	\$202,510	\$0	\$202,510
70434 - OFFICE OF DISASTER BEHAVIORAL HEALTH AND SUPPORT SI	\$302,495	\$0	\$0	\$0	\$0
TOTAL COST CENTER PARENT L1 FUNDS	\$1,793,132	\$202,510	\$202,510	\$0	\$202,510
H6201 - OFFICE OF THE CHIEF OF EXECUTIVE ST ELIZABETHS HOSPITAL					
70435 - OFFICE OF CHIEF NURSING EXECUTIVE (SEH)	\$53,997,718	\$46,290,762	\$50,248,168	\$0	\$50,248,168
70437 - OFFICE OF CHIEF QUALITY DATA TRAINING & PERFORMANCE	\$1,454,629	\$1,571,602	\$1,505,308	(\$11,275)	\$1,494,032
70438 - OFFICE OF THE CHIEF OF STAFF (SEH)	\$7,619	\$110,067	\$74,093	\$0	\$74,093
70439 - OFFICE OF THE CHIEF CLINICAL OFFICER (SEH)	\$33,641,410	\$33,758,757	\$35,771,151	(\$36,213)	\$35,734,939
70440 - OFFICE OF THE CHIEF OPERATING OFFICER (SEH)	\$20,028,937	\$21,035,340	\$20,106,594	(\$91,801)	\$20,014,794
TOTAL COST CENTER PARENT L1 FUNDS	\$109,130,313	\$102,766,528	\$107,705,313	(\$139,288)	\$107,566,025
H6301 - OFFICE OF THE CHIEF OF STAFF					
70441 - LEGISLATIVE & PUBLIC AFFAIRS OFFICE	\$932,635	\$963,828	\$917,518	\$0	\$917,518
70443 - CONSUMER AND FAMILY AFFAIRS OFFICE	\$1,996,907	\$993,354	\$1,018,515	\$0	\$1,018,515
70444 - OFFICE OF OMBUDSMAN	\$293,560	\$302,307	\$401,154	\$0	\$401,154
70445 - HUMAN RESOURCES OFFICE - RMO	\$2,369,028	\$3,043,988	\$2,790,285	\$0	\$2,790,285
TOTAL COST CENTER PARENT L1 FUNDS	\$5,592,130	\$5,303,478	\$5,127,471	\$0	\$5,127,471
H6401 - OFFICE OF THE CHIEF OPERATING OFFICER					
70446 - CLAIMS AND BILLING OFFICE	\$2,157,390	\$818,323	\$844,135	\$0	\$844,135
70447 - FISCAL SERVICES AND MONITORING OFFICE	\$15,262,142	\$18,215,402	\$11,572,116	(\$316,414)	\$11,255,702
70448 - INFORMATION TECHNOLOGY OFFICE - RMO	\$5,671,105	\$6,548,434	\$5,066,119	\$0	\$5,066,119
70450 - RECORDS MANAGEMENT OFFICE	\$686,471	\$815,427	\$807,991	\$0	\$807,991
TOTAL COST CENTER PARENT L1 FUNDS	\$23,777,108	\$26,397,586	\$18,290,360	(\$316,414)	\$17,973,946
H8001 - OFFICE OF OPIOID ABATEMENT					
70508 - OFFICE OF OPIOID ABATEMENT	\$0	\$548,000	\$14,655,500	\$0	\$14,655,500
TOTAL COST CENTER PARENT L1 FUNDS	\$0	\$548,000	\$14,655,500	\$0	\$14,655,500
H8300 - DIVISION OF CRISIS SERVICES					
70412 - COMMUNITY RESPONSE OFFICE	\$8,110,980	\$10,644,554	\$9,982,467	\$0	\$9,982,467
70413 - OFFICE OF COMPREHENSIVE PSYCHIATRIC EMERGENCY SEF	\$5,098,748	\$5,174,478	\$7,756,394	(\$18,848)	\$7,737,546
70415 - ACCESS HELPLINE OFFICE	\$1,729,525	\$2,987,375	\$2,630,514	\$0	\$2,630,514
70555 - CHILD/YOUTH CRISIS & COMMUNITY TRAUMA RESPONSE OF	\$0	\$0	\$1,366,544	\$0	\$1,366,544
TOTAL COST CENTER PARENT L1 FUNDS	\$14,939,253	\$18,806,407	\$21,735,920	(\$18,848)	\$21,717,072
H8401 - DIVISION OF DATA, QUALITY and COMPLIANCE					
70430 - OFFICE OF ACCOUNTABILITY	\$3,784,555	\$3,411,485	\$2,843,846	(\$46,227)	\$2,797,619
TOTAL COST CENTER PARENT L1 FUNDS	\$3,784,555	\$3,411,485	\$2,843,846	(\$46,227)	\$2,797,619
TOTAL AGENCY FUNDS	\$358,176,811	\$380,100,036	\$385,536,240	(\$233,506)	\$385,302,734
Department of Health					
A0101 - AGENCY FINANCIAL OPERATIONS DEPARTMENT					
10001 - BUDGET DIVISION	\$1,124,210	\$1,272,746	\$0	\$0	\$0
10002 - ACCOUNTING DIVISION	\$1,054,412	\$1,329,845	\$0	\$0	\$0
10003 - ACFO DIVISION	\$751,491	\$869,005	\$0	\$0	\$0
10070 - BUDGET DIVISION - HSSC	\$0	\$0	\$1,315,053	(\$2,000)	\$1,313,053

Cost Center	Mayor's FY 2025				Committee's FY 2025 Recommendation
	FY 2023 Actuals	FY 2024 Approved	Proposed	Committee Variance	
10071 - ACCOUNTING DIVISION - HSSC	\$0	\$0	\$1,383,475	\$0	\$1,383,475
10072 - ACFO DIVISION - HSSC	\$0	\$0	\$857,559	\$0	\$857,559
TOTAL COST CENTER PARENT L1 FUNDS	\$2,930,113	\$3,471,596	\$3,556,087	(\$2,000)	\$3,554,087
C0100 - NO COST CENTER					
00000 - NO COST CENTER	\$7,366	\$0	\$0	\$0	\$0
TOTAL COST CENTER PARENT L1 FUNDS	\$7,366	\$0	\$0	\$0	\$0
H0601 - CENTER FOR POLICY, PLANNING, AND EVALUATION					
70049 - COMMUNITY PROGRAMS DIVISION - HCO	\$8,708,071	\$20,767,882	\$32,719,890	\$0	\$32,719,890
70050 - COMMUNITY PROGRAMS - OPERATIONS DIVISION - HCO	\$4,129,968	\$5,074,580	\$4,991,528	\$0	\$4,991,528
70054 - HEALTHY PEOPLE OFFICE	\$1,687,855	\$2,593,612	\$3,314,419	\$0	\$3,314,419
TOTAL COST CENTER PARENT L1 FUNDS	\$14,525,894	\$28,436,074	\$41,025,838	\$0	\$41,025,838
H0701 - DEPUTY DIRECTOR FOR PROGRAMS AND POLICY					
70057 - NUTRITION AND PHYSICAL FITNESS BUREAU	\$22,255,563	\$22,474,173	\$22,523,173	\$720,000	\$23,243,173
70058 - FAMILY HEALTH BUREAU	\$57,978,662	\$46,126,495	\$40,057,552	\$2,155,206	\$42,212,758
70059 - CANCER & CHRONIC DISEASE BUREAU	\$11,384,446	\$9,710,496	\$10,702,362	\$771,160	\$11,473,522
70060 - HEALTHCARE ACCESS BUREAU	\$3,912,198	\$3,657,070	\$10,278,374	\$0	\$10,278,374
TOTAL COST CENTER PARENT L1 FUNDS	\$95,530,869	\$81,968,234	\$83,561,460	\$3,646,366	\$87,207,826
H0702 - COMMUNITY HEALTH ADMINISTRATION					
70056 - DEPUTY DIRECTOR FOR OPERATIONS - CHA	\$7,490,920	\$9,481,382	\$9,136,206	(\$17,720)	\$9,118,486
TOTAL COST CENTER PARENT L1 FUNDS	\$7,490,920	\$9,481,382	\$9,136,206	(\$17,720)	\$9,118,486
H0801 - HEALTH EMERGENCY PREPAREDNESS AND RESPONSE ADMINISTRATION					
70062 - SENIOR DEPUTY DIRECTOR'S OFFICE - HEPPRA	\$7,232,199	\$3,919,363	\$4,799,908	\$0	\$4,799,908
70066 - PLANNING, OPERATIONS AND TRAINING DIVISION	\$340,581	\$462,117	\$0	\$0	\$0
70067 - EMERGENCY MEDICAL MANAGEMENT DIVISION	\$106,421	\$201,301	\$135,479	\$167,541	\$303,020
70068 - PUBLIC HEALTH PREPAREDNESS DIVISION	\$2,023,169	\$1,502,138	\$1,481,355	\$0	\$1,481,355
TOTAL COST CENTER PARENT L1 FUNDS	\$9,702,370	\$6,084,920	\$6,416,742	\$167,541	\$6,584,283
H0901 - HEALTH REGULATION AND LICENSING ADMINISTRATION					
70070 - OFFICE OF HEALTH PROFESSIONAL LICENSING BOARDS	\$13,805,433	\$11,853,378	\$12,599,294	\$0	\$12,599,294
70071 - OFFICE OF HEALTH FACILITIES	\$6,217,104	\$8,215,422	\$7,372,921	\$0	\$7,372,921
70073 - OFFICE OF FOOD, DRUG, RADIATION AND COMMUNITY HYGIENE	\$14,551,012	\$14,128,003	\$14,015,136	(\$25,550)	\$13,989,586
TOTAL COST CENTER PARENT L1 FUNDS	\$34,573,549	\$34,196,803	\$33,987,351	(\$25,550)	\$33,961,801
H1001 - HIV/AIDS, HEPATITIS, STD, AND TB ADMINISTRATION					
70076 - SENIOR DEPUTY DIRECTOR'S OFFICE - HAHSTA	\$2,872,557	\$2,840,154	\$4,164,014	\$0	\$4,164,014
70077 - DEPUTY DIRECTOR FOR OPERATIONS - HAHSTA	\$2,204,107	\$3,430,210	\$3,289,794	\$0	\$3,289,794
70078 - CARE AND TREATMENT DIVISION	\$36,937,310	\$39,975,052	\$38,172,448	\$0	\$38,172,448
70079 - PREVENTION & INTERVENTION SERVICES	\$23,362,071	\$20,180,370	\$22,606,467	\$500,000	\$23,106,467
70080 - STRATEGIC INFORMATION DIVISION	\$2,037,954	\$4,165,821	\$3,991,618	\$0	\$3,991,618
70081 - HOUSING CAPACITY BUILDING AND COMMUNITY OUTREACH	\$11,863,045	\$13,664,395	\$13,980,418	\$0	\$13,980,418
70082 - STD/TB CONTROL DIVISION	\$6,067,254	\$6,068,445	\$5,545,260	\$0	\$5,545,260
TOTAL COST CENTER PARENT L1 FUNDS	\$85,344,298	\$90,324,448	\$91,750,019	\$500,000	\$92,250,019
H1101 - OFFICE OF HEALTH EQUITY					
70083 - COMMUNITY BASED PARTNERSHIP, RESEARCH AND POLICY I	\$5,224,655	\$5,375,863	\$254,888	\$0	\$254,888
70084 - HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION	\$125,182	\$102,390	\$12,333	\$0	\$12,333
70085 - MULTI SECTOR COLLABORATION OFFICE	\$478,091	\$567,539	\$695,024	\$0	\$695,024
TOTAL COST CENTER PARENT L1 FUNDS	\$5,827,928	\$6,045,793	\$962,245	\$0	\$962,245
H1201 - OFFICE OF THE CHIEF OPERATING OFFICER					
70086 - INFORMATION TECHNOLOGY OFFICE - HCO	\$6,405,450	\$4,165,806	\$8,090,145	\$0	\$8,090,145
70087 - HUMAN RESOURCES OFFICE - HCO	\$1,626,902	\$2,055,249	\$2,363,641	\$0	\$2,363,641
70089 - CONTRACTS AND PROCUREMENT OFFICE - HCO	\$870,607	\$785,676	\$1,241,399	\$0	\$1,241,399
70090 - FACILITIES MANAGEMENT & SUPPORT OFFICE - HCO	\$16,396,265	\$19,639,133	\$16,991,359	\$0	\$16,991,359
70463 - LEGAL OFFICE - HCO	\$2,293,932	\$2,716,132	\$2,702,454	\$0	\$2,702,454
TOTAL COST CENTER PARENT L1 FUNDS	\$27,593,155	\$29,361,996	\$31,388,997	\$0	\$31,388,997
H1202 - OFFICE OF THE CHIEF OF STAFF					
70091 - COMMUNITY RELATIONS OFFICE - HCO	\$822,057	\$1,056,599	\$1,335,580	\$0	\$1,335,580
TOTAL COST CENTER PARENT L1 FUNDS	\$822,057	\$1,056,599	\$1,335,580	\$0	\$1,335,580
H1203 - OFFICE OF THE DIRECTOR					
70462 - EXECUTIVE OFFICE - HCO	\$4,249,839	\$1,700,763	\$1,708,472	(\$3,556)	\$1,704,916
TOTAL COST CENTER PARENT L1 FUNDS	\$4,249,839	\$1,700,763	\$1,708,472	(\$3,556)	\$1,704,916
H7401 - COMMUNITY HEALTH ADMINISTRATION					
70465 - PRIMARY CARE AND PREVENTION ADMINISTRATION	\$98,187	\$0	\$0	\$0	\$0
TOTAL COST CENTER PARENT L1 FUNDS	\$98,187	\$0	\$0	\$0	\$0
TOTAL AGENCY FUNDS	\$288,696,544	\$292,128,607	\$304,828,997	\$4,265,081	\$309,094,078
Department of Health Care Finance					
A0101 - AGENCY FINANCIAL OPERATIONS DEPARTMENT					
10001 - BUDGET DIVISION	\$650,653	\$740,233	\$835,970	\$0	\$835,970
10002 - ACCOUNTING DIVISION	\$3,354,462	\$7,133,253	\$7,249,272	\$0	\$7,249,272
10003 - ACFO DIVISION	\$335,813	\$356,386	\$368,559	\$0	\$368,559
10071 - ACCOUNTING DIVISION - HSSC	\$1,784	\$0	\$0	\$0	\$0
10086 - P-CARD CLEARING	\$637	\$0	\$0	\$0	\$0
TOTAL COST CENTER PARENT L1 FUNDS	\$4,343,349	\$8,229,872	\$8,453,801	\$0	\$8,453,801
H2901 - DCAS PROGRAM MANAGEMENT ADMINISTRATION					
70152 - DCAS - PROGRAM MANAGEMENT DIVISION	\$2,842,253	\$2,397,305	\$2,020,398	(\$209,776)	\$1,810,622
70153 - PROJECT MANAGEMENT DIVISION	\$3,707,477	\$8,626,369	\$4,350,037	(\$22,281)	\$4,327,756
70154 - ORGANIZATIONAL CHANGE DIVISION	\$5,708,486	\$13,477,387	\$12,989,521	\$0	\$12,989,521
70155 - DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION	\$38,939,783	\$51,743,876	\$57,293,250	\$1,219,517	\$58,512,767
70535 - DCAS HHS FUNCTIONAL DIVISION	\$0	\$0	\$814,115	\$0	\$814,115
TOTAL COST CENTER PARENT L1 FUNDS	\$51,197,999	\$76,244,937	\$77,467,320	\$987,460	\$78,454,780

Cost Center	Mayor's FY 2025			Committee's FY 2025	
	FY 2023 Actuals	FY 2024 Approved	Proposed	Committee Variance	Recommendation
H2902 - HEALTH AND HUMAN SERVICES FUNCTIONAL DIVISION					
70507 - HEALTH AND HUMAN SERVICES FUNCTIONAL DIVISION	\$0	\$708,779	\$0	\$0	\$0
TOTAL COST CENTER PARENT L1 FUNDS	\$0	\$708,779	\$0	\$0	\$0
H3001 - PROGRAM INTEGRITY ADMINISTRATION					
70156 - INVESTIGATION AND COMPLIANCE DIVISION	\$0	\$0	\$1,082,601	\$0	\$1,082,601
70157 - SURVEILLANCE AND UTILIZATION DIVISION	\$0	\$0	\$1,991,561	\$0	\$1,991,561
70158 - PROGRAM INTEGRITY SUPPORT DIVISION	\$3,510,956	\$3,986,654	\$1,696,494	(\$16,367)	\$1,680,127
TOTAL COST CENTER PARENT L1 FUNDS	\$3,510,956	\$3,986,654	\$4,770,656	(\$16,367)	\$4,754,289
H3101 - HEALTH CARE DELIVERY MANAGEMENT ADMINISTRATION					
70159 - HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	\$1,031,103	\$1,486,607	\$1,445,848	(\$2,351)	\$1,443,498
70160 - DIVISION OF MANAGED CARE	\$7,597,436	\$12,819,010	\$9,885,450	(\$300,000)	\$9,585,450
70161 - DIVISION OF CLINICIANS, PHARMACY, & ACUTE PROVIDER SE	\$7,604,805	\$9,861,474	\$8,363,600	\$1,201,921	\$9,565,521
70162 - DIVISION OF QUALITY AND HEALTH OUTCOMES	\$2,225,827	\$3,166,714	\$2,948,407	\$0	\$2,948,407
70163 - DIVISION OF CHILDREN'S HEALTH SERVICES	\$937,423	\$1,564,887	\$1,792,502	\$0	\$1,792,502
TOTAL COST CENTER PARENT L1 FUNDS	\$19,396,593	\$28,898,692	\$24,435,808	\$899,570	\$25,335,378
H3201 - MEDICAID PROVIDER PAYMENTS					
70164 - INPATIENT IN STATE	\$104,023,763	\$108,872,966	\$119,614,406	\$0	\$119,614,406
70165 - INPATIENT CHIP	\$306,716	\$184,814	\$203,048	\$0	\$203,048
70166 - INPATIENT - DSH PAYMENTS	\$57,213,799	\$76,011,793	\$0	\$0	\$0
70167 - INPATIENT - GME PAYMENTS	\$26,026,717	\$28,256,762	\$28,545,255	\$0	\$28,545,255
70168 - MENTAL HEALTH FACILITY SERVICES	\$574,372	\$2,417,349	\$2,456,478	\$0	\$2,456,478
70170 - PSYCHIATRIC RESIDENTIAL TREATMENT FACIL.	\$961,997	\$1,042,011	\$1,939,358	\$0	\$1,939,358
70171 - NURSING FACILITY IN STATE	\$324,068,727	\$295,327,295	\$313,024,453	\$0	\$313,024,453
70172 - NURSING HOME QUALITY OF CARE SERVICES	\$156,669	\$88,507	\$200,000	\$0	\$200,000
70173 - ICF PRIVATE	\$102,854,775	\$90,585,166	\$111,860,655	\$0	\$11,860,655
70174 - PHYSICIAN SERVICES-MEDICAID	\$10,727,658	\$21,974,711	\$21,139,111	\$0	\$21,139,111
70175 - PHYSICIAN SERVICES CHIP	\$147,844	\$53,765	\$51,720	\$0	\$51,720
70176 - OUTPATIENT HOSPITAL IN STATE	\$15,467,360	\$18,956,112	\$15,423,162	\$0	\$15,423,162
70177 - OUTPATIENT HOSPITAL CHIP	\$79,347	\$73,264	\$59,609	\$0	\$59,609
70178 - PRESCRIBED DRUGS	\$44,239,477	\$40,622,456	\$50,351,460	\$0	\$50,351,460
70179 - PRESCRIBED DRUGS - CHIP	\$208,679	\$1,647,568	\$2,111,998	\$0	\$2,111,998
70180 - DENTAL SERVICES	\$4,645,381	\$4,743,932	\$4,441,819	\$0	\$4,441,819
70181 - DENTAL SERVICES - CHIP	\$17,370	\$33,464	\$31,333	\$0	\$31,333
70182 - OTHER PRACTITIONERS' SERVICES	\$774,472	\$810,599	\$807,736	\$0	\$807,736
70183 - OTHER PRACTITIONERS' SERVICES CHIP	\$27,288	\$2,755	\$2,745	\$0	\$2,745
70184 - CLINIC SERVICES - PRIVATE	\$5,605,924	\$6,114,822	\$4,355,280	\$0	\$4,355,280
70185 - CLINIC SERVICES - PRIVATE CHIP	\$4,191	\$1,147	\$817	\$0	\$817
70186 - CLINIC SERVICES - MENTAL HEALTH	\$337,026	\$463,136	\$23,470,947	\$0	\$23,470,947
70187 - CLINIC SERVICES - MENTAL HEALTH CHIP	\$3,458	\$113	\$0	\$0	\$0
70188 - CLINIC SERVICES - MHRS	\$163,693,063	\$142,205,963	\$46,915,248	\$0	\$46,915,248
70189 - CLINIC SERVICES - MHRS CHIP	\$2,359,523	\$2,154,118	\$0	\$0	\$0
70190 - LABORATORY & RADIOLOGICAL SERVICES	\$4,887,035	\$5,168,391	\$4,981,877	\$0	\$4,981,877
70191 - LABORATORY & RADIOLOGICAL SERVICES - CHIP	\$30,684	\$17,840	\$17,196	\$0	\$17,196
70192 - HOME HEALTH SERVICES	\$12,229,214	\$11,911,749	\$13,308,136	\$0	\$13,308,136
70193 - HOME HEALTH SERVICES - CHIP	\$0	\$57,398	\$51,570	\$0	\$51,570
70194 - STERILIZATIONS	\$14,012	\$6,675	\$6,644	\$0	\$6,644
70195 - EPSDT-MEDICAID	\$365,858	\$394,127	\$519,367	\$0	\$519,367
70196 - EPSDT SCREENING SERVICES - CHIP	\$6,276	\$15,820	\$20,847	\$0	\$20,847
70197 - MEDICAID PART A	\$14,234,134	\$16,974,220	\$16,643,612	\$0	\$16,643,612
70198 - MEDICAID PART B	\$73,304,212	\$77,288,111	\$84,249,232	\$0	\$84,249,232
70199 - MEDICAID PART B - NON FFP	\$4,976,813	\$1,595,903	\$6,067,553	\$0	\$6,067,553
70200 - MANAGED CARE ORGANIZATIONS (MCO)	\$640,492,539	\$940,323,976	\$860,635,284	(\$2,252,201)	\$858,383,083
70201 - MANAGED CARE ORGANIZATIONS (MCO) - CHIP	\$48,891,676	\$89,400,563	\$67,439,236	(\$14,341)	\$67,424,895
70202 - CASSIP	\$185,992,791	\$188,530,387	\$228,755,225	\$592,592	\$229,347,817
70203 - PERSONAL CARE SERVICES	\$93,281,138	\$113,898,085	\$101,271,156	\$0	\$101,271,156
70205 - HOSPICE BENEFITS	\$2,061,926	\$2,799,137	\$2,756,132	\$0	\$2,756,132
70206 - FEDERALLY-QUALIFIED HEALTH CENTER	\$8,328,571	\$9,638,944	\$10,555,508	\$0	\$10,555,508
70207 - FEDERALLY-QUALIFIED HEALTH CENTER - CHIP	\$18,171	\$836,638	\$916,193	\$0	\$916,193
70208 - NON-EMERGENCY MEDICAL TRANSPORTATION	\$19,631,470	\$26,242,202	\$26,040,228	\$0	\$26,040,228
70209 - NON-EMERGENCY MEDICAL TRANSPORT. - CHIP	\$87,570	\$137,669	\$138,154	\$0	\$138,154
70210 - PHYSICAL THERAPY	\$60,477	\$107,456	\$75,002	\$0	\$75,002
70211 - PHYSICAL THERAPY - CHIP	\$217	\$1,806	\$1,260	\$0	\$1,260
70212 - PROSTHETIC DEVICES, DENTURES, EYEGLASSES	\$1,686,908	\$2,205,815	\$1,533,608	\$0	\$1,533,608
70213 - PROSTHETIC DVCS, DENTURES, EYEGLASSES-CHIP	\$746	\$2,237	\$1,555	\$0	\$1,555
70214 - NURSE MID-WIFE	\$44,293	\$91,907	\$67,382	\$0	\$67,382
70215 - EMERGENCY HOSPITAL SERVICES	\$4,747,175	\$5,023,224	\$5,259,228	\$0	\$5,259,228
70216 - EMERGENCY HOSPITAL SERVICES - CHIP	\$36,212	\$47,851	\$43,653	\$0	\$43,653
70217 - NURSE PRACTITIONER SERVICES	\$3,623,234	\$3,188,398	\$4,315,393	\$0	\$4,315,393
70218 - NURSE PRACTITIONER SERVICES - CHIP	\$5,794	\$7,592	\$10,275	\$0	\$10,275
70219 - PRIVATE DUTY NURSING	\$11,285,914	\$8,119,161	\$17,624,133	\$0	\$17,624,133
70221 - DURABLE MED EQUIP (DME)-MEDICAID	\$19,490,424	\$19,062,147	\$11,588,263	\$0	\$11,588,263
70222 - DURABLE MED EQUIP (DME)-MEDICAID - CHIP	\$1,434	\$4,878	\$2,965	\$0	\$2,965
70223 - COBRA/RECIPIENT OOP	\$40,753	\$945,000	\$42,587	\$0	\$42,587
70224 - IMMIGRANT KIDS	\$15,118,596	\$10,491,795	\$18,270,916	(\$29,121)	\$18,241,795
70225 - OPTIONAL STATE SUPPLEMENT PAYMENTS	\$4,971,098	\$5,594,124	\$5,403,324	\$0	\$5,403,324
70226 - PART-D CLAWBACK	\$23,420,152	\$24,725,239	\$30,201,502	\$0	\$30,201,502
70228 - IDD WAIVER	\$326,958,411	\$241,997,891	\$258,474,146	\$0	\$258,474,146
70229 - EPD WAIVER	\$192,147,253	\$147,249,069	\$172,611,919	\$0	\$172,611,919
70230 - ADULT DAY HEALTH	\$3,469,455	\$6,412,659	\$4,871,727	\$0	\$4,871,727
70231 - MCO-NEWLY ELIGIBLE	\$750,707,580	\$651,147,235	\$898,292,085	(\$1,088,129)	\$897,203,957
70232 - EMERGENCY MEDICAID (NON MEDICAID POP.)	\$31,476,885	\$35,829,677	\$16,731,102	\$0	\$16,731,102
70233 - ICF SUPPLEMENTAL PAYMENTS	\$107,610	\$2,600,000	\$2,600,000	\$0	\$2,600,000
70234 - APRA ASARS: ADULT SUBSTANCE ABUSE	\$15,446,767	\$2,391,205	\$2,322,871	\$0	\$2,322,871
70235 - APRA ASTEP: CHILD SUBSTANCE ABUSE	\$903	\$2,962	\$5,558	\$0	\$5,558
70236 - MCO - EXPANSION POPULATION	\$20,213,992	\$17,398,494	\$27,538,684	\$17,809	\$27,556,493
70237 - DHCF - HEALTH HOMES I	\$193,079	\$328,168	\$227,885	\$0	\$227,885
70238 - HEALTH HOMES II	\$2,815,727	\$2,952,016	\$1,843,402	\$0	\$1,843,402
70239 - PROGRAM OF ALL-INCLUSIVE CARE (PACE)	\$932,279	\$17,643,899	\$14,920,146	\$0	\$14,920,146
70241 - MENTAL HEALTH FACILITY - CHIP	\$14,121	\$80,501	\$81,804	\$0	\$81,804
70242 - CASSIP - CHIP	\$3,882,395	\$4,978,728	\$6,034,085	\$0	\$6,034,085

Cost Center	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025		Committee's FY 2025 Recommendation
			Proposed	Committee Variance	
70243 - IFS WAIVER	\$405,348	\$5,619,814	\$1,568,756	\$0	\$1,568,756
70451 - BEHAVIORAL HEALTH TRANSFORMATION WAIVER - MEDICAID	\$2,844,155	\$27,614,249	\$6,602,248	\$0	\$6,602,248
70456 - PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY - CHIP	\$104,349	\$10,315	\$19,198	\$0	\$19,198
70479 - HOSPITAL SUPPORT	\$9,035,000	\$0	\$0	\$0	\$0
70481 - PERMANENT SUPPORTIVE HOUSING	\$17,254,710	\$24,832,599	\$20,961,752	\$0	\$20,961,752
70482 - PERMANENT SUPPORTIVE HOUSING-GROUP V111	\$0	\$33,030,854	\$28,469,778	\$0	\$28,469,778
70487 - DUAL CHOICE	\$228,524,461	\$216,382,667	\$305,065,955	\$0	\$305,065,955
70494 - HCBS OVERSIGHT & IMPLEMENTATION	\$475,094	\$491,050	\$0	\$0	\$0
70499 - EMERGENCY MEDICAID GROUP VIII	\$462,825	\$0	\$14,780,086	\$0	\$14,780,086
70500 - MCO-ABD	\$339,649,735	\$0	\$319,741,038	\$450,797	\$320,191,835
70501 - DOULA SERVICES	\$0	\$0	\$744,409	\$0	\$744,409
70503 - DDS HCBS ADMINISTRATIVE	\$1,390,822	\$0	\$0	\$0	\$0
70504 - HCBS ARPA HCRIA INITIATIVES	\$1,149,500	\$0	\$0	\$0	\$0
70505 - HCBS ARPA LTC IMPROVEMENTS	\$204,807	\$0	\$224,775	\$0	\$224,775
TOTAL COST CENTER PARENT L1 FUNDS	\$4,007,760,552	\$3,846,495,100	\$4,370,554,243	(\$2,322,593)	\$4,368,231,650
H3202 - PUBLIC PROVIDER PAYMENTS					
70244 - DC PUBLIC SCHOOLS	\$15,252,030	\$8,000,000	\$8,000,000	\$0	\$8,000,000
70245 - DC PUBLIC SCHOOLS - CHIP	\$0	\$2,500,000	\$2,500,000	\$0	\$2,500,000
70246 - DC CHARTER SCHOOLS	\$5,058,134	\$4,000,000	\$4,000,000	\$0	\$4,000,000
70247 - DC CHARTER SCHOOLS - CHIP	\$89,052	\$300,000	\$300,000	\$0	\$300,000
70248 - OSSE-CHILDREN W/SPCL NEEDS TRNSPT	\$22,950,359	\$12,000,000	\$12,000,000	\$0	\$12,000,000
70249 - OSSE-CHILDREN W/SPCL NEEDS TRNSPT - CHIP	\$2,146,321	\$2,000,000	\$2,000,000	\$0	\$2,000,000
70250 - DBH - REHAB OPTION	\$4,740,555	\$2,000,000	\$2,000,000	\$0	\$2,000,000
70251 - DBH - REHAB OPTION - CHIP	\$26,447	\$0	\$0	\$0	\$0
70252 - SAINT ELIZABETHS HOSPITAL	\$3,694,227	\$1,300,000	\$1,300,000	\$0	\$1,300,000
70253 - ST ELIZABETHS HSPTL DSH (M.H. FCLTY DSH)	\$4,987,394	\$4,581,595	\$4,987,394	\$0	\$4,987,394
70254 - CHILD & FAMILY SERVICES (CFSA)	\$325,525	\$500,000	\$500,000	\$0	\$500,000
70255 - FIRE & EMS SVS. (AMBULANCE)	\$74,645,417	\$38,000,000	\$38,000,000	\$0	\$38,000,000
70256 - FIRE & EMS SVS. (AMBULANCE) - CHIP	\$489,714	\$0	\$0	\$0	\$0
70258 - DBH - DENTAL OPTION	\$0	\$30,000	\$30,000	\$0	\$30,000
TOTAL COST CENTER PARENT L1 FUNDS	\$134,405,174	\$75,211,595	\$75,617,394	\$0	\$75,617,394
H3203 - ALLIANCE PROVIDER PAYMENT					
70259 - MCO ALLIANCE	\$109,878,177	\$116,730,982	\$132,493,843	\$150,259	\$132,644,102
70480 - ALLIANCE EMERGENCY MEDICAL TRANSPORT	\$1,316,093	\$1,596,871	\$0	\$0	\$0
TOTAL COST CENTER PARENT L1 FUNDS	\$111,194,270	\$118,327,853	\$132,493,843	\$150,259	\$132,644,102
H3301 - HEALTH CARE OPERATIONS ADMINISTRATION					
70260 - HEALTH CARE OPERATIONS SUPPORT OFFICE	\$270,899	\$444,909	\$454,445	\$0	\$454,445
70261 - DIVISION OF CLAIMS MANAGEMENT	\$43,572,464	\$51,036,289	\$59,722,222	\$0	\$59,722,222
70262 - DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES	\$3,017,340	\$3,221,722	\$3,664,604	\$0	\$3,664,604
TOTAL COST CENTER PARENT L1 FUNDS	\$46,860,703	\$54,702,920	\$63,841,271	\$0	\$63,841,271
H3401 - HEALTH CARE POLICY AND RESEARCH ADMINISTRATION					
70263 - HEALTH CARE POLICY & RESEARCH SUPPORT SERVICES DVI	\$2,103,662	\$4,556,582	\$1,957,327	(\$352,415)	\$1,604,912
70264 - DIVISION OF REGULATIONS & POLICY MANAGEMENT	\$678,181	\$899,139	\$1,004,024	\$0	\$1,004,024
70265 - DIVISION OF ANALYTICS AND POLICY RESEARCH	\$0	\$215,100	\$0	\$0	\$0
70266 - DIVISION OF ELIGIBILITY POLICY	\$788,970	\$1,301,808	\$2,092,607	\$0	\$2,092,607
70534 - ELIGIBILITY DETERMINATION	\$0	\$0	\$1,886,021	\$0	\$1,886,021
TOTAL COST CENTER PARENT L1 FUNDS	\$3,570,814	\$6,972,630	\$6,939,980	(\$352,415)	\$6,587,565
H3501 - HEALTH CARE REFORM AND INNOVATION ADMINISTRATION					
70267 - AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT D	\$2,825,281	\$1,857,541	\$5,921,060	\$100,000	\$6,021,060
70268 - HIT/HIE PROJECT MANAGEMENT DIVISION	\$1,600,315	\$1,204,863	\$11,321,423	\$0	\$11,321,423
70269 - HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES	\$7,956,371	\$8,654,733	\$454,012	\$0	\$454,012
TOTAL COST CENTER PARENT L1 FUNDS	\$12,381,968	\$11,717,137	\$17,696,495	\$100,000	\$17,796,495
H3601 - LONG TERM CARE ADMINISTRATION					
70270 - LONG TERM CARE SUPPORT SERVICES DIVISION	\$16,064,330	\$20,934,246	\$2,991,068	(\$6,660)	\$2,984,408
70271 - LONG TERM CARE OVERSIGHT DIVISION	\$1,623,804	\$1,807,223	\$2,243,721	\$0	\$2,243,721
70272 - LONG TERM CARE OPERATIONS DIVISION	\$1,891,105	\$1,816,335	\$12,414,241	(\$135,000)	\$12,279,241
70273 - INTAKE AND ASSESSMENT DIVISION	\$971,454	\$1,133,956	\$9,775,936	\$0	\$9,775,936
TOTAL COST CENTER PARENT L1 FUNDS	\$20,550,694	\$25,691,760	\$27,424,966	(\$141,660)	\$27,283,306
H3701 - OFFICE OF THE OSMD					
70277 - COMPLIANCE DIVISION - HT0	\$0	\$636,000	\$36,000	\$0	\$36,000
70488 - ANALYTICS AND RESEARCH	\$1,168,431	\$2,135,427	\$0	\$0	\$0
70528 - OFFICE OF CHIEF MEDICAL OFFICER	\$0	\$0	\$1,415,668	\$0	\$1,415,668
70530 - SENIOR DEPUTY DIRECTOR MEDICAID DIRECTOR DASH ADMI	\$0	\$0	\$3,003,217	(\$310,694)	\$2,692,523
TOTAL COST CENTER PARENT L1 FUNDS	\$1,168,431	\$2,771,428	\$4,454,885	(\$310,694)	\$4,144,191
H3702 - OFFICE OF THE CHIEF OPERATING OFFICER					
70278 - SUPPORT SERVICES DIVISION - HT0	\$3,943,356	\$13,943,311	\$4,024,851	\$0	\$4,024,851
70279 - HUMAN RESOURCES DIVISION - HT0	\$1,027,716	\$2,047,874	\$1,514,471	\$0	\$1,514,471
70280 - INFORMATION TECHNOLOGY DIVISION - HT0	\$9,595,595	\$12,173,922	\$13,096,074	(\$757,043)	\$12,339,031
70281 - CONTRACTS DIVISION	\$1,956,113	\$1,875,735	\$2,076,000	\$0	\$2,076,000
70489 - CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS	\$1,228,760	\$1,409,438	\$2,615,172	(\$256,423)	\$2,358,750
TOTAL COST CENTER PARENT L1 FUNDS	\$17,751,540	\$31,450,280	\$23,326,568	(\$1,013,466)	\$22,313,102
H3703 - OFFICE OF THE DIRECTOR					
70274 - OFFICE OF THE OMBUDSMAN - HT0	\$3,157,948	\$4,700,046	\$4,957,285	\$0	\$4,957,285
70275 - OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE	\$656,465	\$1,236,360	\$1,445,209	\$0	\$1,445,209
70282 - OFFICE OF THE GENERAL COUNSEL - HT0	\$1,231,384	\$1,633,025	\$1,470,759	\$0	\$1,470,759
70283 - OFFICE OF THE DEPUTY DIRECTOR, FINANCE	\$3,419,127	\$5,084,658	\$0	\$0	\$0
TOTAL COST CENTER PARENT L1 FUNDS	\$8,464,923	\$12,654,090	\$7,873,253	\$0	\$7,873,253
H3902 - INFORMATION SYSTEMS DIVISION					
70321 - DCAS UNIT	\$0	\$0	\$5,350,673	(\$60,195)	\$5,290,477
TOTAL COST CENTER PARENT L1 FUNDS	\$0	\$0	\$5,350,673	(\$60,195)	\$5,290,477
H3903 - PROGRAM REVIEW MONITORING AND INVESTIGATIONS DIVISION					
70323 - QUALITY CONTROL UNIT	\$0	\$0	\$4,470,555	\$0	\$4,470,555

Cost Center	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025		Committee's FY 2025 Recommendation
			Proposed	Committee Variance	
TOTAL COST CENTER PARENT L1 FUNDS	\$0	\$0	\$4,470,555	\$0	\$4,470,555
H8100 - DATA ANALYTICS AND RESEARCH ADMINISTRATION (DARA)					
70536 - ANALYTIC REPORTING DIVISION	\$0	\$0	\$1,330,774	(\$10,150)	\$1,320,624
70537 - RESEARCH AND DEVELOPMENT DIVISION	\$0	\$0	\$758,671	\$0	\$758,671
TOTAL COST CENTER PARENT L1 FUNDS	\$0	\$0	\$2,089,445	(\$10,150)	\$2,079,295
H8200 - OFFICE OF DDS FINANCE					
70538 - SENIOR DEPUTY DIRECTOR FINANCE ADMINISTRATIVE FUNCTI	\$0	\$0	\$4,433,737	(\$10,553)	\$4,423,184
70539 - OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYS	\$0	\$0	\$1,971,658	\$0	\$1,971,658
TOTAL COST CENTER PARENT L1 FUNDS	\$0	\$0	\$6,405,395	(\$10,553)	\$6,394,842
TOTAL AGENCY FUNDS	\$4,442,557,965	\$4,304,063,725	\$4,863,666,552	(\$2,100,804)	\$4,861,565,747
Health Benefit Exchange Authority					
A0101 - AGENCY FINANCIAL OPERATIONS DEPARTMENT					
10001 - BUDGET DIVISION	\$208,124	\$207,584	\$206,407	\$0	\$206,407
10002 - ACCOUNTING DIVISION	\$136,302	\$207,584	\$161,150	\$0	\$161,150
10003 - ACFO DIVISION	\$349,439	\$413,879	\$412,483	\$0	\$412,483
10072 - ACFO DIVISION - HSSC	\$800	\$0	\$0	\$0	\$0
10086 - P-CARD CLEARING	\$3,806	\$0	\$0	\$0	\$0
TOTAL COST CENTER PARENT L1 FUNDS	\$698,471	\$829,047	\$780,040	\$0	\$780,040
C0100 - NO COST CENTER					
00000 - NO COST CENTER	(\$3,806)	\$0	\$0	\$0	\$0
TOTAL COST CENTER PARENT L1 FUNDS	(\$3,806)	\$0	\$0	\$0	\$0
H1901 - DIRECTOR'S OFFICE					
70117 - DIRECTOR'S ADMINISTRATIVE OFFICE - HIO	\$5,648,657	\$2,392,033	\$2,573,589	\$0	\$2,573,589
70118 - GENERAL COUNSEL'S OFFICE - HIO	\$1,071,716	\$1,278,375	\$1,303,422	\$0	\$1,303,422
TOTAL COST CENTER PARENT L1 FUNDS	\$6,720,373	\$3,670,408	\$3,877,010	\$0	\$3,877,010
H2001 - OPERATIONS DEPARTMENT					
70120 - HUMAN RESOURCES OFFICE - HIO	\$353,898	\$377,369	\$386,089	\$0	\$386,089
70121 - CONTRACTS AND PROCUREMENT OFFICE - HIO	\$691,214	\$651,920	\$678,608	\$0	\$678,608
70122 - FACILITIES, INVOICING AND ADMINISTRATIVE SUPPORT OFFIC	\$1,315,943	\$1,506,499	\$1,492,410	\$0	\$1,492,410
TOTAL COST CENTER PARENT L1 FUNDS	\$2,361,056	\$2,535,787	\$2,557,107	\$0	\$2,557,107
H2201 - PROGRAM DEPARTMENT					
70125 - ASSISTANT GRANT PROGRAM OFFICE	\$962,820	\$1,050,000	\$1,050,000	\$0	\$1,050,000
70468 - PROGRAM MANAGEMENT	\$17,110,841	\$13,768,917	\$17,030,242	\$0	\$17,030,242
TOTAL COST CENTER PARENT L1 FUNDS	\$18,073,661	\$14,818,917	\$18,080,242	\$0	\$18,080,242
H6601 - COMMUNICATIONS AND CIVIC ENGAGEMENT DEPARTMENT					
70116 - COMMUNICATIONS AND CIVIC ENGAGEMENT DEPARTMENT	\$2,071,797	\$2,313,705	\$2,316,786	\$0	\$2,316,786
TOTAL COST CENTER PARENT L1 FUNDS	\$2,071,797	\$2,313,705	\$2,316,786	\$0	\$2,316,786
H6701 - INFORMATION TECHNOLOGY DEPARTMENT					
70119 - INFORMATION TECHNOLOGY DEPARTMENT	\$17,636,357	\$13,384,283	\$14,141,599	\$0	\$14,141,599
TOTAL COST CENTER PARENT L1 FUNDS	\$17,636,357	\$13,384,283	\$14,141,599	\$0	\$14,141,599
TOTAL AGENCY FUNDS	\$47,557,909	\$37,552,148	\$41,752,784	\$0	\$41,752,784
Not-for-Profit Hospital Corporation					
C0100 - NO COST CENTER					
00000 - NO COST CENTER	\$0	\$155,000,000	\$155,000,000	\$0	\$155,000,000
TOTAL COST CENTER PARENT L1 FUNDS	\$0	\$155,000,000	\$155,000,000	\$0	\$155,000,000
TOTAL AGENCY FUNDS	\$0	\$155,000,000	\$155,000,000	\$0	\$155,000,000
Not-for-Profit Hospital Corporation Subsidy					
C0100 - NO COST CENTER					
00000 - NO COST CENTER	\$22,000,000	\$15,000,000	\$25,200,000	\$0	\$25,200,000
TOTAL COST CENTER PARENT L1 FUNDS	\$22,000,000	\$15,000,000	\$25,200,000	\$0	\$25,200,000
TOTAL AGENCY FUNDS	\$22,000,000	\$15,000,000	\$25,200,000	\$0	\$25,200,000
Office of the Deputy Mayor for Health and Human Services					
H1301 - CHIEF OF STAFF ADMINISTRATIVE OFFICE					
70094 - DEPUTY CHIEF OF STAFF OFFICE	\$117,020	\$405,671	\$304,583	\$0	\$304,583
TOTAL COST CENTER PARENT L1 FUNDS	\$117,020	\$405,671	\$304,583	\$0	\$304,583
H1501 - OFFICE OF THE CHIEF OF STAFF					
70107 - THRIVE BY FIVE OFFICE	\$71,577	\$0	\$0	\$0	\$0
TOTAL COST CENTER PARENT L1 FUNDS	\$71,577	\$0	\$0	\$0	\$0
H1601 - OFFICE OF THE DEPUTY MAYOR - DMHHS					
70108 - OFFICE OF THE DEPUTY MAYOR ADMINISTRATIVE OFFICE - DI	\$1,856,314	\$2,071,890	\$2,175,904	(\$29,368)	\$2,146,536
TOTAL COST CENTER PARENT L1 FUNDS	\$1,856,314	\$2,071,890	\$2,175,904	(\$29,368)	\$2,146,536
TOTAL AGENCY FUNDS	\$2,044,911	\$2,477,561	\$2,480,487	(\$29,368)	\$2,451,119
GRAND TOTAL	\$5,161,034,141	\$5,186,322,077	\$5,778,465,060	\$1,901,402	\$5,780,366,462

Agency FT Equivalent by Cost Center Parent L1 and Cost Center					
Cost Center	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025		Committee's FY 2025 Recommendation
			Proposed	Committee Variance	
Department of Behavioral Health					
A0101 - AGENCY FINANCIAL OPERATIONS DEPARTMENT					
10001 - BUDGET DIVISION	4.39	0.00	0.00	0.00	0.00
10002 - ACCOUNTING DIVISION	7.89	0.00	0.00	0.00	0.00
10003 - ACFO DIVISION	1.75	0.00	0.00	0.00	0.00
10070 - BUDGET DIVISION - HSSC	0.00	6.00	6.00	0.00	6.00

Cost Center	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025		Committee's FY 2025 Recommendation
			Proposed	Committee Variance	
10071 - ACCOUNTING DIVISION - HSSC	0.00	8.00	8.00	0.00	8.00
10072 - ACFO DIVISION - HSSC	0.00	2.00	2.00	0.00	2.00
10086 - P-CARD CLEARING	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	14.03	16.00	16.00	0.00	16.00
C0100 - NO COST CENTER					
00000 - NO COST CENTER	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H5701 - DIVISION OF ADULT SERVICES					
70411 - FORENSIC SERVICES OFFICE	20.97	24.00	26.00	0.00	26.00
70414 - ASSESSMENTS AND REFERRALS OFFICE	17.74	21.00	21.00	0.00	21.00
70417 - SPECIALTY CARE OFFICE	12.72	20.50	16.50	0.00	16.50
70418 - SOR GRANT OFFICE	11.82	20.50	20.50	0.00	20.50
70419 - OFFICE OF RESIDENTIAL SUPPORT AND CONTINULTY SERVIC	3.47	4.00	4.00	0.00	4.00
70420 - HOUSING DEVELOPMENT OFFICE	3.47	0.00	0.00	0.00	0.00
70567 - LOCAL BEHAVIORAL HEALTH REHABILITATION OFFICE	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	70.19	90.00	88.00	0.00	88.00
H5801 - DIVISION OF CHILD/ADOLESCENT/FAMILY SERVICES					
70416 - OFFICE OF BEHAVIORAL HEALTH SERVICES	45.57	49.00	36.00	0.00	36.00
70424 - SUD PREVENTION OFFICE	10.19	9.00	9.00	0.00	9.00
70425 - OFFICE OF PREVENTION AND EARLY INTERVENTION	90.13	99.67	88.37	0.00	88.37
70426 - OFFICE OF LINKAGE AND ASSESSMENTS	14.91	17.00	14.00	0.00	14.00
70427 - OFFICE OF COMMUNITY BASED SERVICES	6.12	7.00	7.00	0.00	7.00
TOTAL COST CENTER PARENT L1 FUNDS	166.92	181.67	154.37	0.00	154.37
H5901 - EXECUTIVE OFFICE OF THE DIRECTOR					
70428 - EXECUTIVE ADMINISTRATIVE OFFICE - RMO	18.32	20.65	19.65	0.00	19.65
70429 - OFFICE OF THE GENERAL COUNSEL - RMO	4.82	5.50	5.50	0.00	5.50
TOTAL COST CENTER PARENT L1 FUNDS	23.14	26.15	25.15	0.00	25.15
H6001 - OFFICE OF POLICY ADVISOR					
70432 - OFFICE OF SYSTEMS TRANSFORMATION	22.77	26.17	28.00	0.00	28.00
TOTAL COST CENTER PARENT L1 FUNDS	22.77	26.17	28.00	0.00	28.00
H6101 - OFFICE OF THE CHIEF CLINICAL OFFICER					
70433 - OFFICE OF CLINICAL SERVICES AND SUPPORT	0.00	0.00	0.00	0.00	0.00
70434 - OFFICE OF DISASTER BEHAVIORAL HEALTH AND SUPPORT SI	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H6201 - OFFICE OF THE CHIEF OF EXECUTIVE ST ELIZABETHS HOSPITAL					
70435 - OFFICE OF CHIEF NURSING EXECUTIVE (SEH)	380.49	431.00	428.00	0.00	428.00
70437 - OFFICE OF CHIEF QUALITY DATA TRAINING & PERFORMANCE	9.65	11.00	11.00	0.00	11.00
70438 - OFFICE OF THE CHIEF OF STAFF (SEH)	0.00	0.00	0.00	0.00	0.00
70439 - OFFICE OF THE CHIEF CLINICAL OFFICER (SEH)	194.66	223.05	230.05	0.00	230.05
70440 - OFFICE OF THE CHIEF OPERATING OFFICER (SEH)	134.70	151.03	146.02	0.00	146.02
TOTAL COST CENTER PARENT L1 FUNDS	719.50	816.08	815.07	0.00	815.07
H6301 - OFFICE OF THE CHIEF OF STAFF					
70441 - LEGISLATIVE & PUBLIC AFFAIRS OFFICE	8.72	8.35	7.52	0.00	7.52
70443 - CONSUMER AND FAMILY AFFAIRS OFFICE	7.84	9.00	9.00	0.00	9.00
70444 - OFFICE OF OMBUDSMAN	2.02	2.00	3.00	0.00	3.00
70445 - HUMAN RESOURCES OFFICE - RMO	19.29	22.00	21.00	0.00	21.00
TOTAL COST CENTER PARENT L1 FUNDS	37.87	41.35	40.52	0.00	40.52
H6401 - OFFICE OF THE CHIEF OPERATING OFFICER					
70446 - CLAIMS AND BILLING OFFICE	5.23	6.00	6.00	0.00	6.00
70447 - FISCAL SERVICES AND MONITORING OFFICE	24.54	31.83	32.83	0.00	32.83
70448 - INFORMATION TECHNOLOGY OFFICE - RMO	20.47	22.00	21.00	0.00	21.00
70450 - RECORDS MANAGEMENT OFFICE	7.86	9.00	9.00	0.00	9.00
TOTAL COST CENTER PARENT L1 FUNDS	58.10	68.83	68.83	0.00	68.83
H8001 - OFFICE OF OPIOID ABATEMENT					
70508 - OFFICE OF OPIOID ABATEMENT	0.00	4.00	4.00	0.00	4.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	4.00	4.00	0.00	4.00
H8300 - DIVISION OF CRISIS SERVICES					
70412 - COMMUNITY RESPONSE OFFICE	60.79	72.00	73.00	0.00	73.00
70413 - OFFICE OF COMPREHENSIVE PSYCHIATRIC EMERGENCY SEF	35.63	41.25	52.00	0.00	52.00
70415 - ACCESS HELPLINE OFFICE	19.37	31.00	27.00	0.00	27.00
70555 - CHILD/YOUTH CRISIS & COMMUNITY TRAUMA RESPONSE OF	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	115.79	144.25	152.00	0.00	152.00
H8401 - DIVISION OF DATA, QUALITY and COMPLIANCE					
70430 - OFFICE OF ACCOUNTABILITY	23.08	25.00	20.00	0.00	20.00
TOTAL COST CENTER PARENT L1 FUNDS	23.08	25.00	20.00	0.00	20.00
TOTAL AGENCY FUNDS	1,251.39	1,439.50	1,411.94	0.00	1,411.94
Department of Health					
A0101 - AGENCY FINANCIAL OPERATIONS DEPARTMENT					
10001 - BUDGET DIVISION	5.86	8.00	0.00	0.00	0.00
10002 - ACCOUNTING DIVISION	8.12	11.00	0.00	0.00	0.00
10003 - ACFO DIVISION	3.98	5.00	0.00	0.00	0.00
10070 - BUDGET DIVISION - HSSC	0.00	0.00	8.00	0.00	8.00
10071 - ACCOUNTING DIVISION - HSSC	0.00	0.00	11.00	0.00	11.00
10072 - ACFO DIVISION - HSSC	0.00	0.00	5.00	0.00	5.00
TOTAL COST CENTER PARENT L1 FUNDS	17.96	24.00	24.00	0.00	24.00
C0100 - NO COST CENTER					
00000 - NO COST CENTER	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00

Cost Center	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
H0601 - CENTER FOR POLICY, PLANNING, AND EVALUATION					
70049 - COMMUNITY PROGRAMS DIVISION - HCO	10.92	78.50	88.50	0.00	88.50
70050 - COMMUNITY PROGRAMS - OPERATIONS DIVISION - HCO	35.62	36.12	36.68	0.00	36.68
70054 - HEALTHY PEOPLE OFFICE	1.71	9.78	12.38	0.00	12.38
TOTAL COST CENTER PARENT L1 FUNDS	48.25	124.40	137.56	0.00	137.56
H0701 - DEPUTY DIRECTOR FOR PROGRAMS AND POLICY					
70057 - NUTRITION AND PHYSICAL FITNESS BUREAU	13.11	19.00	20.00	0.00	20.00
70058 - FAMILY HEALTH BUREAU	58.95	69.50	32.93	2.00	34.93
70059 - CANCER & CHRONIC DISEASE BUREAU	25.45	28.50	34.50	0.00	34.50
70060 - HEALTHCARE ACCESS BUREAU	0.00	15.50	52.37	0.00	52.37
TOTAL COST CENTER PARENT L1 FUNDS	97.51	132.50	139.80	2.00	141.80
H0702 - COMMUNITY HEALTH ADMINISTRATION					
70056 - DEPUTY DIRECTOR FOR OPERATIONS - CHA	18.07	23.50	28.05	0.00	28.05
TOTAL COST CENTER PARENT L1 FUNDS	18.07	23.50	28.05	0.00	28.05
H0801 - HEALTH EMERGENCY PREPAREDNESS AND RESPONSE ADMINISTRATION					
70062 - SENIOR DEPUTY DIRECTOR'S OFFICE - HEPPA	16.92	26.65	28.44	0.00	28.44
70066 - PLANNING, OPERATIONS AND TRAINING DIVISION	0.00	2.69	0.00	0.00	0.00
70067 - EMERGENCY MEDICAL MANAGEMENT DIVISION	2.04	0.11	0.11	1.00	1.11
70068 - PUBLIC HEALTH PREPAREDNESS DIVISION	5.14	2.85	3.45	0.00	3.45
TOTAL COST CENTER PARENT L1 FUNDS	24.10	32.30	32.00	1.00	33.00
H0901 - HEALTH REGULATION AND LICENSING ADMINISTRATION					
70070 - OFFICE OF HEALTH PROFESSIONAL LICENSING BOARDS	74.65	77.62	82.37	0.00	82.37
70071 - OFFICE OF HEALTH FACILITIES	49.82	54.90	49.81	0.00	49.81
70073 - OFFICE OF FOOD, DRUG, RADIATION AND COMMUNITY HYGI	60.08	51.82	57.82	0.00	57.82
TOTAL COST CENTER PARENT L1 FUNDS	184.55	184.34	190.00	0.00	190.00
H1001 - HIV/AIDS, HEPATITIS, STD, AND TB ADMINISTRATION					
70076 - SENIOR DEPUTY DIRECTOR'S OFFICE - HAHSTA	8.08	18.49	27.92	0.00	27.92
70077 - DEPUTY DIRECTOR FOR OPERATIONS - HAHSTA	8.54	10.50	10.00	0.00	10.00
70078 - CARE AND TREATMENT DIVISION	61.16	35.12	33.42	0.00	33.42
70079 - PREVENTION & INTERVENTION SERVICES	34.24	31.10	30.63	0.00	30.63
70080 - STRATEGIC INFORMATION DIVISION	11.67	15.80	13.85	0.00	13.85
70081 - HOUSING CAPACITY BUILDING AND COMMUNITY OUTREACH	2.83	4.00	7.70	0.00	7.70
70082 - STD/TB CONTROL DIVISION	29.29	36.79	37.99	0.00	37.99
TOTAL COST CENTER PARENT L1 FUNDS	155.81	151.80	161.51	0.00	161.51
H1101 - OFFICE OF HEALTH EQUITY					
70083 - COMMUNITY BASED PARTNERSHIP, RESEARCH AND POLICY I	1.38	2.00	2.00	0.00	2.00
70084 - HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION	0.69	1.00	0.00	0.00	0.00
70085 - MULTI SECTOR COLLABORATION OFFICE	2.29	4.00	4.00	0.00	4.00
TOTAL COST CENTER PARENT L1 FUNDS	4.36	7.00	6.00	0.00	6.00
H1201 - OFFICE OF THE CHIEF OPERATING OFFICER					
70086 - INFORMATION TECHNOLOGY OFFICE - HCO	14.21	29.00	30.00	0.00	30.00
70087 - HUMAN RESOURCES OFFICE - HCO	10.20	15.00	18.00	0.00	18.00
70089 - CONTRACTS AND PROCUREMENT OFFICE - HCO	3.45	6.00	8.00	0.00	8.00
70090 - FACILITIES MANAGEMENT & SUPPORT OFFICE - HCO	6.34	5.00	4.00	0.00	4.00
70463 - LEGAL OFFICE - HCO	14.05	14.00	14.00	0.00	14.00
TOTAL COST CENTER PARENT L1 FUNDS	48.25	69.00	74.00	0.00	74.00
H1202 - OFFICE OF THE CHIEF OF STAFF					
70091 - COMMUNITY RELATIONS OFFICE - HCO	5.89	7.00	8.00	0.00	8.00
TOTAL COST CENTER PARENT L1 FUNDS	5.89	7.00	8.00	0.00	8.00
H1203 - OFFICE OF THE DIRECTOR					
70462 - EXECUTIVE OFFICE - HCO	7.70	10.00	10.00	0.00	10.00
TOTAL COST CENTER PARENT L1 FUNDS	7.70	10.00	10.00	0.00	10.00
H7401 - COMMUNITY HEALTH ADMINISTRATION					
70465 - PRIMARY CARE AND PREVENTION ADMINISTRATION	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
TOTAL AGENCY FUNDS	612.45	765.84	810.92	3.00	813.92
Department of Health Care Finance					
A0101 - AGENCY FINANCIAL OPERATIONS DEPARTMENT					
10001 - BUDGET DIVISION	4.81	6.00	6.00	0.00	6.00
10002 - ACCOUNTING DIVISION	7.22	9.00	10.00	0.00	10.00
10003 - ACFO DIVISION	1.61	2.00	2.00	0.00	2.00
10071 - ACCOUNTING DIVISION - HSSC	0.00	0.00	0.00	0.00	0.00
10086 - P-CARD CLEARING	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	13.64	17.00	18.00	0.00	18.00
H2901 - DCAS PROGRAM MANAGEMENT ADMINISTRATION					
70152 - DCAS - PROGRAM MANAGEMENT DIVISION	6.88	4.33	4.33	0.00	4.33
70153 - PROJECT MANAGEMENT DIVISION	24.05	7.79	6.92	0.00	6.92
70154 - ORGANIZATIONAL CHANGE DIVISION	8.95	6.93	6.92	0.00	6.92
70155 - DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION	6.88	7.79	6.92	0.00	6.92
70535 - DCAS HHS FUNCTIONAL DIVISION	0.00	0.00	6.06	0.00	6.06
TOTAL COST CENTER PARENT L1 FUNDS	46.76	26.84	31.15	0.00	31.15
H2902 - HEALTH AND HUMAN SERVICES FUNCTIONAL DIVISION					
70507 - HEALTH AND HUMAN SERVICES FUNCTIONAL DIVISION	0.00	6.05	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	6.05	0.00	0.00	0.00
H3001 - PROGRAM INTEGRITY ADMINISTRATION					
70156 - INVESTIGATION AND COMPLIANCE DIVISION	0.00	0.00	8.00	0.00	8.00
70157 - SURVEILLANCE AND UTILIZATION DIVISION	0.00	0.00	13.00	0.00	13.00

Cost Center	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025		Committee's FY 2025	
			Proposed	Committee Variance	Recommendation	
70158 - PROGRAM INTEGRITY SUPPORT DIVISION	23.05	28.00	12.00	0.00	12.00	
TOTAL COST CENTER PARENT L1 FUNDS	23.05	28.00	33.00	0.00	33.00	
H3101 - HEALTH CARE DELIVERY MANAGEMENT ADMINISTRATION						
70159 - HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	8.02	10.00	9.00	0.00	9.00	
70160 - DIVISION OF MANAGED CARE	5.61	7.00	7.00	0.00	7.00	
70161 - DIVISION OF CLINICIANS, PHARMACY, & ACUTE PROVIDER SE	6.21	7.00	0.00	0.00	0.00	
70162 - DIVISION OF QUALITY AND HEALTH OUTCOMES	4.01	6.00	7.00	0.00	7.00	
70163 - DIVISION OF CHILDREN'S HEALTH SERVICES	5.33	7.00	7.15	0.00	7.15	
TOTAL COST CENTER PARENT L1 FUNDS	29.18	37.00	30.15	0.00	30.15	
H3201 - MEDICAID PROVIDER PAYMENTS						
70164 - INPATIENT IN STATE	0.00	0.00	0.00	0.00	0.00	
70165 - INPATIENT CHIP	0.00	0.00	0.00	0.00	0.00	
70166 - INPATIENT - DSH PAYMENTS	0.00	0.00	0.00	0.00	0.00	
70167 - INPATIENT - GME PAYMENTS	0.00	0.00	0.00	0.00	0.00	
70168 - MENTAL HEALTH FACILITY SERVICES	0.00	0.00	0.00	0.00	0.00	
70170 - PSYCHIATRIC RESIDENTIAL TREATMENT FACIL.	0.00	0.00	0.00	0.00	0.00	
70171 - NURSING FACILITY IN STATE	0.00	0.00	0.00	0.00	0.00	
70172 - NURSING HOME QUALITY OF CARE SERVICES	0.64	0.85	0.00	0.00	0.00	
70173 - ICF PRIVATE	0.75	1.00	0.00	0.00	0.00	
70174 - PHYSICIAN SERVICES-MEDICAID	0.00	0.00	0.00	0.00	0.00	
70175 - PHYSICIAN SERVICES CHIP	0.00	0.00	0.00	0.00	0.00	
70176 - OUTPATIENT HOSPITAL IN STATE	0.00	0.00	0.00	0.00	0.00	
70177 - OUTPATIENT HOSPITAL CHIP	0.00	0.00	0.00	0.00	0.00	
70178 - PRESCRIBED DRUGS	0.00	0.00	0.00	0.00	0.00	
70179 - PRESCRIBED DRUGS - CHIP	0.00	0.00	0.00	0.00	0.00	
70180 - DENTAL SERVICES	0.00	0.00	0.00	0.00	0.00	
70181 - DENTAL SERVICES - CHIP	0.00	0.00	0.00	0.00	0.00	
70182 - OTHER PRACTITIONERS' SERVICES	0.00	0.00	0.00	0.00	0.00	
70183 - OTHER PRACTITIONERS' SERVICES CHIP	0.00	0.00	0.00	0.00	0.00	
70184 - CLINIC SERVICES - PRIVATE	0.00	0.00	0.00	0.00	0.00	
70185 - CLINIC SERVICES - PRIVATE CHIP	0.00	0.00	0.00	0.00	0.00	
70186 - CLINIC SERVICES - MENTAL HEALTH	0.00	0.00	0.00	0.00	0.00	
70187 - CLINIC SERVICES - MENTAL HEALTH CHIP	0.00	0.00	0.00	0.00	0.00	
70188 - CLINIC SERVICES - MHRS	0.00	0.00	0.00	0.00	0.00	
70189 - CLINIC SERVICES - MHRS CHIP	0.00	0.00	0.00	0.00	0.00	
70190 - LABORATORY & RADIOLOGICAL SERVICES	0.00	0.00	0.00	0.00	0.00	
70191 - LABORATORY & RADIOLOGICAL SERVICES -CHIP	0.00	0.00	0.00	0.00	0.00	
70192 - HOME HEALTH SERVICES	0.00	0.00	0.00	0.00	0.00	
70193 - HOME HEALTH SERVICES - CHIP	0.00	0.00	0.00	0.00	0.00	
70194 - STERILIZATIONS	0.00	0.00	0.00	0.00	0.00	
70195 - EPSDT-MEDICAID	0.00	0.00	0.00	0.00	0.00	
70196 - EPSDT SCREENING SERVICES - CHIP	0.00	0.00	0.00	0.00	0.00	
70197 - MEDICAID PART A	0.00	0.00	0.00	0.00	0.00	
70198 - MEDICAID PART B	0.00	0.00	0.00	0.00	0.00	
70199 - MEDICAID PART B - NON FFP	0.00	0.00	0.00	0.00	0.00	
70200 - MANAGED CARE ORGANIZATIONS (MCO)	0.00	0.00	0.00	0.00	0.00	
70201 - MANAGED CARE ORGANIZATIONS (MCO) - CHIP	0.00	0.00	0.00	0.00	0.00	
70202 - CASSIP	0.00	0.00	0.00	0.00	0.00	
70203 - PERSONAL CARE SERVICES	0.00	0.00	0.00	0.00	0.00	
70205 - HOSPICE BENEFITS	0.00	0.00	0.00	0.00	0.00	
70206 - FEDERALLY-QUALIFIED HEALTH CENTER	0.00	0.00	0.00	0.00	0.00	
70207 - FEDERALLY-QUALIFIED HEALTH CENTER - CHIP	0.00	0.00	0.00	0.00	0.00	
70208 - NON-EMERGENCY MEDICAL TRANSPORTATION	0.00	0.00	0.00	0.00	0.00	
70209 - NON-EMERGENCY MEDICAL TRANSPORT. - CHIP	0.00	0.00	0.00	0.00	0.00	
70210 - PHYSICAL THERAPY	0.00	0.00	0.00	0.00	0.00	
70211 - PHYSICAL THERAPY - CHIP	0.00	0.00	0.00	0.00	0.00	
70212 - PROSTHETIC DEVICES, DENTURES, EYEGLASSES	0.00	0.00	0.00	0.00	0.00	
70213 - PROSTHETIC DVCS, DENTURES, EYEGLASSES-CHIP	0.00	0.00	0.00	0.00	0.00	
70214 - NURSE MID-WIFE	0.00	0.00	0.00	0.00	0.00	
70215 - EMERGENCY HOSPITAL SERVICES	0.00	0.00	0.00	0.00	0.00	
70216 - EMERGENCY HOSPITAL SERVICES - CHIP	0.00	0.00	0.00	0.00	0.00	
70217 - NURSE PRACTITIONER SERVICES	0.00	0.00	0.00	0.00	0.00	
70218 - NURSE PRACTITIONER SERVICES - CHIP	0.00	0.00	0.00	0.00	0.00	
70219 - PRIVATE DUTY NURSING	0.00	0.00	0.00	0.00	0.00	
70221 - DURABLE MED EQUIP (DME)-MEDICAID	0.00	0.00	0.00	0.00	0.00	
70222 - DURABLE MED EQUIP (DME)-MEDICAID - CHIP	0.00	0.00	0.00	0.00	0.00	
70223 - COBRA/RECIPIENT OOP	0.00	0.00	0.00	0.00	0.00	
70224 - IMMIGRANT KIDS	0.00	0.00	0.00	0.00	0.00	
70225 - OPTIONAL STATE SUPPLEMENT PAYMENTS	0.00	0.00	0.00	0.00	0.00	
70226 - PART-D CLAWBACK	0.00	0.00	0.00	0.00	0.00	
70228 - IDD WAIVER	0.00	0.00	0.00	0.00	0.00	
70229 - EPD WAIVER	0.00	0.00	0.00	0.00	0.00	
70230 - ADULT DAY HEALTH	0.00	0.00	0.00	0.00	0.00	
70231 - MCO-NEWLY ELIGIBLE	0.00	0.00	0.00	0.00	0.00	
70232 - EMERGENCY MEDICAID (NON MEDICAID POP.)	0.00	0.00	0.00	0.00	0.00	
70233 - ICF SUPPLEMENTAL PAYMENTS	0.00	0.00	0.00	0.00	0.00	
70234 - APRA ASARS: ADULT SUBSTANCE ABUSE	0.00	0.00	0.00	0.00	0.00	
70235 - APRA ASTEP: CHILD SUBSTANCE ABUSE	0.00	0.00	0.00	0.00	0.00	
70236 - MCO- EXPANSION POPULATION	0.00	0.00	0.00	0.00	0.00	
70237 - DHCF - HEALTH HOMES I	0.00	0.00	0.00	0.00	0.00	
70238 - HEALTH HOMES II	0.00	0.00	0.00	0.00	0.00	
70239 - PROGRAM OF ALL-INCLUSIVE CARE (PACE)	0.00	0.00	0.00	0.00	0.00	
70241 - MENTAL HEALTH FACILITY - CHIP	0.00	0.00	0.00	0.00	0.00	
70242 - CASSIP - CHIP	0.00	0.00	0.00	0.00	0.00	
70243 - IFS WAIVER	0.00	0.00	0.00	0.00	0.00	
70451 - BEHAVIORAL HEALTH TRANSFORMATION WAIVER - MEDICAID	0.00	0.00	0.00	0.00	0.00	
70456 - PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY - CHIP	0.00	0.00	0.00	0.00	0.00	
70479 - HOSPITAL SUPPORT	0.00	0.00	0.00	0.00	0.00	
70481 - PERMANENT SUPPORTIVE HOUSING	0.00	0.00	0.00	0.00	0.00	
70482 - PERMANENT SUPPORTIVE HOUSING-GROUP V111	0.00	0.00	0.00	0.00	0.00	
70487 - DUAL CHOICE	0.00	0.00	0.00	0.00	0.00	

Cost Center	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025		Committee's FY 2025 Recommendation
			Proposed	Committee Variance	
70494 - HCBS OVERSIGHT & IMPLEMENTATION	0.00	4.95	0.00	0.00	0.00
70499 - EMERGENCY MEDICAID GROUP VIII	0.00	0.00	0.00	0.00	0.00
70500 - MCO-ABD	0.00	0.00	0.00	0.00	0.00
70501 - DOULA SERVICES	0.00	0.00	0.00	0.00	0.00
70503 - DDS HCBS ADMINISTRATIVE	0.00	0.00	0.00	0.00	0.00
70504 - HCBS ARPA HCRIA INITIATIVES	0.00	0.00	0.00	0.00	0.00
70505 - HCBS ARPA LTC IMPROVEMENTS	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	1.39	6.80	0.00	0.00	0.00
H3202 - PUBLIC PROVIDER PAYMENTS					
70244 - DC PUBLIC SCHOOLS	0.00	0.00	0.00	0.00	0.00
70245 - DC PUBLIC SCHOOLS - CHIP	0.00	0.00	0.00	0.00	0.00
70246 - DC CHARTER SCHOOLS	0.00	0.00	0.00	0.00	0.00
70247 - DC CHARTER SCHOOLS - CHIP	0.00	0.00	0.00	0.00	0.00
70248 - OSSE-CHILDREN W/SPCL NEEDS TRNSPT	0.00	0.00	0.00	0.00	0.00
70249 - OSSE-CHILDREN W/SPCL NEEDS TRNSPT - CHIP	0.00	0.00	0.00	0.00	0.00
70250 - DBH - REHAB OPTION	0.00	0.00	0.00	0.00	0.00
70251 - DBH - REHAB OPTION - CHIP	0.00	0.00	0.00	0.00	0.00
70252 - SAINT ELIZABETHS HOSPITAL	0.00	0.00	0.00	0.00	0.00
70253 - ST ELIZABETHS HSPITL DSH (M.H. FCLTY DSH)	0.00	0.00	0.00	0.00	0.00
70254 - CHILD & FAMILY SERVICES (CFSA)	0.00	0.00	0.00	0.00	0.00
70255 - FIRE & EMS SVS. (AMBULANCE)	0.00	0.00	0.00	0.00	0.00
70256 - FIRE & EMS SVS. (AMBULANCE) - CHIP	0.00	0.00	0.00	0.00	0.00
70258 - DBH - DENTAL OPTION	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H3203 - ALLIANCE PROVIDER PAYMENT					
70259 - MCO ALLIANCE	0.00	0.00	0.00	0.00	0.00
70480 - ALLIANCE EMERGENCY MEDICAL TRANSPORT	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H3301 - HEALTH CARE OPERATIONS ADMINISTRATION					
70260 - HEALTH CARE OPERATIONS SUPPORT OFFICE	2.41	3.00	3.00	0.00	3.00
70261 - DIVISION OF CLAIMS MANAGEMENT	11.07	14.00	14.00	0.00	14.00
70262 - DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES	8.02	9.00	9.00	0.00	9.00
TOTAL COST CENTER PARENT L1 FUNDS	21.50	26.00	26.00	0.00	26.00
H3401 - HEALTH CARE POLICY AND RESEARCH ADMINISTRATION					
70263 - HEALTH CARE POLICY & RESEARCH SUPPORT SERVICES DIVI	2.41	25.00	3.00	0.00	3.00
70264 - DIVISION OF REGULATIONS & POLICY MANAGEMENT	4.81	6.00	7.00	0.00	7.00
70265 - DIVISION OF ANALYTICS AND POLICY RESEARCH	0.00	0.00	0.00	0.00	0.00
70266 - DIVISION OF ELIGIBILITY POLICY	13.63	10.00	7.00	0.00	7.00
70534 - ELIGIBILITY DETERMINATION	0.00	0.00	22.00	0.00	22.00
TOTAL COST CENTER PARENT L1 FUNDS	20.85	41.00	39.00	0.00	39.00
H3501 - HEALTH CARE REFORM AND INNOVATION ADMINISTRATION					
70267 - AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT D	2.26	4.00	3.00	0.00	3.00
70268 - HIT/HIE PROJECT MANAGEMENT DIVISION	5.22	6.00	7.00	0.00	7.00
70269 - HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICE	1.55	2.00	3.00	0.00	3.00
TOTAL COST CENTER PARENT L1 FUNDS	9.03	12.00	13.00	0.00	13.00
H3601 - LONG TERM CARE ADMINISTRATION					
70270 - LONG TERM CARE SUPPORT SERVICES DIVISION	2.41	3.00	6.00	0.00	6.00
70271 - LONG TERM CARE OVERSIGHT DIVISION	10.27	13.00	18.00	0.00	18.00
70272 - LONG TERM CARE OPERATIONS DIVISION	11.22	14.00	16.00	0.00	16.00
70273 - INTAKE AND ASSESSMENT DIVISION	6.26	8.00	6.00	0.00	6.00
TOTAL COST CENTER PARENT L1 FUNDS	30.16	38.00	46.00	0.00	46.00
H3701 - OFFICE OF THE OSMD					
70277 - COMPLIANCE DIVISION - HT0	0.00	0.00	0.00	0.00	0.00
70488 - ANALYTICS AND RESEARCH	10.42	9.00	0.00	0.00	0.00
70528 - OFFICE OF CHIEF MEDICAL OFFICER	0.00	0.00	8.00	0.00	8.00
70530 - SENIOR DEPUTY DIRECTOR MEDICAID DIRECTOR DASH ADMI	0.00	0.00	6.00	0.00	6.00
TOTAL COST CENTER PARENT L1 FUNDS	10.42	9.00	14.00	0.00	14.00
H3702 - OFFICE OF THE CHIEF OPERATING OFFICER					
70278 - SUPPORT SERVICES DIVISION - HT0	11.98	25.25	6.00	0.00	6.00
70279 - HUMAN RESOURCES DIVISION - HT0	9.63	10.00	8.00	0.00	8.00
70280 - INFORMATION TECHNOLOGY DIVISION - HT0	12.83	8.65	18.94	0.00	18.94
70281 - CONTRACTS DIVISION	12.03	13.00	14.00	0.00	14.00
70489 - CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS	1.61	7.00	8.00	0.00	8.00
TOTAL COST CENTER PARENT L1 FUNDS	48.08	63.90	54.94	0.00	54.94
H3703 - OFFICE OF THE DIRECTOR					
70274 - OFFICE OF THE OMBUDSMAN - HT0	20.42	23.00	24.00	0.00	24.00
70275 - OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE	4.01	5.00	9.00	0.00	9.00
70282 - OFFICE OF THE GENERAL COUNSEL - HT0	7.94	9.06	8.85	0.00	8.85
70283 - OFFICE OF THE DEPUTY DIRECTOR, FINANCE	12.72	18.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	45.09	55.06	41.85	0.00	41.85
H3902 - INFORMATION SYSTEMS DIVISION					
70321 - DCAS UNIT	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H3903 - PROGRAM REVIEW MONITORING AND INVESTIGATIONS DIVISION					
70323 - QUALITY CONTROL UNIT	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H8100 - DATA ANALYTICS AND RESEARCH ADMINISTRATION (DARA)					
70536 - ANALYTIC REPORTING DIVISION	0.00	0.00	4.00	0.00	4.00
70537 - RESEARCH AND DEVELOPMENT DIVISION	0.00	0.00	7.00	0.00	7.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	0.00	11.00	0.00	11.00

Cost Center	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
H8200 - OFFICE OF DDS FINANCE					
70538 - SENIOR DEPUTY DIRECTOR FINANCE ADMINSTRATIVE FUNCTI	0.00	0.00	6.00	0.00	6.00
70539 - OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYS	0.00	0.00	14.00	0.00	14.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	0.00	20.00	0.00	20.00
TOTAL AGENCY FUNDS	299.15	366.65	378.09	0.00	378.09
Health Benefit Exchange Authority					
A0101 - AGENCY FINANCIAL OPERATIONS DEPARTMENT					
10001 - BUDGET DIVISION	0.95	1.00	1.00	0.00	1.00
10002 - ACCOUNTING DIVISION	0.95	1.00	1.00	0.00	1.00
10003 - ACFO DIVISION	0.95	1.00	1.00	0.00	1.00
10072 - ACFO DIVISION - HSSC	0.00	0.00	0.00	0.00	0.00
10086 - P-CARD CLEARING	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	2.85	3.00	3.00	0.00	3.00
C0100 - NO COST CENTER					
00000 - NO COST CENTER	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H1901 - DIRECTOR'S OFFICE					
70117 - DIRECTOR'S ADMINISTRATIVE OFFICE - HIO	7.57	9.00	9.00	0.00	9.00
70118 - GENERAL COUNSEL'S OFFICE - HIO	4.73	6.00	6.00	0.00	6.00
TOTAL COST CENTER PARENT L1 FUNDS	12.30	15.00	15.00	0.00	15.00
H2001 - OPERATIONS DEPARTMENT					
70120 - HUMAN RESOURCES OFFICE - HIO	0.95	1.00	1.00	0.00	1.00
70121 - CONTRACTS AND PROCUREMENT OFFICE - HIO	3.78	4.00	4.00	0.00	4.00
70122 - FACILITIES, INVOICING AND ADMINISTRATIVE SUPPORT OFFIC	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	4.73	5.00	5.00	0.00	5.00
H2201 - PROGRAM DEPARTMENT					
70125 - ASSISTER GRANT PROGRAM OFFICE	0.00	0.00	0.00	0.00	0.00
70468 - PROGRAM MANAGEMENT	51.09	57.00	62.00	0.00	62.00
TOTAL COST CENTER PARENT L1 FUNDS	51.09	57.00	62.00	0.00	62.00
H6601 - COMMUNICATIONS AND CIVIC ENGAGEMENT DEPARTMENT					
70116 - COMMUNICATIONS AND CIVIC ENGAGEMENT DEPARTMENT	6.63	7.00	7.00	0.00	7.00
TOTAL COST CENTER PARENT L1 FUNDS	6.63	7.00	7.00	0.00	7.00
H6701 - INFORMATION TECHNOLOGY DEPARTMENT					
70119 - INFORMATION TECHNOLOGY DEPARTMENT	33.12	36.00	36.00	0.00	36.00
TOTAL COST CENTER PARENT L1 FUNDS	33.12	36.00	36.00	0.00	36.00
TOTAL AGENCY FUNDS	110.72	123.00	128.00	0.00	128.00
Not-for-Profit Hospital Corporation					
C0100 - NO COST CENTER					
00000 - NO COST CENTER	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
TOTAL AGENCY FUNDS	0.00	0.00	0.00	0.00	0.00
Not-for-Profit Hospital Corporation Subsidy					
C0100 - NO COST CENTER					
00000 - NO COST CENTER	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
TOTAL AGENCY FUNDS	0.00	0.00	0.00	0.00	0.00
Office of the Deputy Mayor for Health and Human Services					
H1301 - CHIEF OF STAFF ADMINISTRATIVE OFFICE					
70094 - DEPUTY CHIEF OF STAFF OFFICE	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H1501 - OFFICE OF THE CHIEF OF STAFF					
70107 - THRIVE BY FIVE OFFICE	0.00	0.00	0.00	0.00	0.00
TOTAL COST CENTER PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H1601 - OFFICE OF THE DEPUTY MAYOR - DMHHS					
70108 - OFFICE OF THE DEPUTY MAYOR ADMINISTRATIVE OFFICE - DI	11.75	12.75	12.75	0.00	12.75
TOTAL COST CENTER PARENT L1 FUNDS	11.75	12.75	12.75	0.00	12.75
TOTAL AGENCY FUNDS	11.75	12.75	12.75	0.00	12.75
GRAND TOTAL	6,881,381,140.42	6,915,098,811.06	7,704,622,821.61	2,535,206.20	7,707,158,027.81

Agency Operating Budget by Program Parent L1 and Program

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
Department of Behavioral Health					
AFO002 - AGENCY ACCOUNTING SERVICES					
150002 - AGENCY ACCOUNTING SERVICES	\$896,554	\$0	\$690,651	\$0	\$690,651
TOTAL PROGRAM PARENT L1 FUNDS	\$896,554	\$0	\$690,651	\$0	\$690,651
AFO003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES					
150003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVIC	\$671,436	\$2,182,509	\$1,009,890	\$0	\$1,009,890
TOTAL PROGRAM PARENT L1 FUNDS	\$671,436	\$2,182,509	\$1,009,890	\$0	\$1,009,890
AFO005 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION SERVICES					
150001 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION	\$222,377	\$312,564	\$577,230	\$0	\$577,230
TOTAL PROGRAM PARENT L1 FUNDS	\$222,377	\$312,564	\$577,230	\$0	\$577,230
AFO010 - PAYROLL DEFAULT					
150011 - PAYROLL DEFAULT	\$0	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$0	\$0	\$0
AFO011 - P-CARD CLEARING					
150012 - P-CARD CLEARING	\$37,998	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$37,998	\$0	\$0	\$0	\$0
AMP002 - CLAIMS SERVICES					
100002 - CLAIMS SERVICES	\$2,157,390	\$818,323	\$844,135	\$0	\$844,135
TOTAL PROGRAM PARENT L1 FUNDS	\$2,157,390	\$818,323	\$844,135	\$0	\$844,135
AMP011 - HUMAN RESOURCE SERVICES					
100058 - HUMAN RESOURCE SERVICES - GENERAL	\$2,369,028	\$3,043,988	\$2,790,285	\$0	\$2,790,285
TOTAL PROGRAM PARENT L1 FUNDS	\$2,369,028	\$3,043,988	\$2,790,285	\$0	\$2,790,285
AMP012 - INFORMATION TECHNOLOGY SERVICES					
100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	\$5,671,105	\$6,548,434	\$5,066,119	\$0	\$5,066,119
TOTAL PROGRAM PARENT L1 FUNDS	\$5,671,105	\$6,548,434	\$5,066,119	\$0	\$5,066,119
AMP019 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT					
100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERA	\$2,533,069	\$3,665,044	\$3,669,108	(\$242,247)	\$3,426,861
TOTAL PROGRAM PARENT L1 FUNDS	\$2,533,069	\$3,665,044	\$3,669,108	(\$242,247)	\$3,426,861
AMP022 - RECORDS MANAGEMENT					
100125 - RECORDS MANAGEMENT - GENERAL	\$686,471	\$815,427	\$807,991	\$0	\$807,991
TOTAL PROGRAM PARENT L1 FUNDS	\$686,471	\$815,427	\$807,991	\$0	\$807,991
AMP023 - RESOURCE MANAGEMENT					
100127 - RESOURCE MANAGEMENT - GENERAL	\$12,729,073	\$14,550,358	\$7,903,008	(\$74,167)	\$7,828,841
TOTAL PROGRAM PARENT L1 FUNDS	\$12,729,073	\$14,550,358	\$7,903,008	(\$74,167)	\$7,828,841
H04201 - ACCOUNTABILITY ADMINISTRATIVE SERVICES					
700271 - ACCOUNTABILITY ADMINISTRATIVE SERVICES	\$236,061	\$117,215	\$225,264	(\$46,227)	\$179,037
TOTAL PROGRAM PARENT L1 FUNDS	\$236,061	\$117,215	\$225,264	(\$46,227)	\$179,037
H04202 - CERTIFICATION SERVICES					
700272 - CERTIFICATION SERVICES	\$1,163,766	\$943,177	\$1,150,645	\$0	\$1,150,645
TOTAL PROGRAM PARENT L1 FUNDS	\$1,163,766	\$943,177	\$1,150,645	\$0	\$1,150,645
H04203 - INCIDENT, MANAGEMENT AND INVESTIGATION SERVICES					
700273 - INCIDENT, MANAGEMENT AND INVESTIGATION SERVICES	\$519,707	\$561,097	\$536,194	\$0	\$536,194
TOTAL PROGRAM PARENT L1 FUNDS	\$519,707	\$561,097	\$536,194	\$0	\$536,194
H04204 - LICENSURE SERVICES					
700274 - LICENSURE SERVICES	\$603,488	\$606,246	\$576,868	\$0	\$576,868
TOTAL PROGRAM PARENT L1 FUNDS	\$603,488	\$606,246	\$576,868	\$0	\$576,868
H04205 - PROGRAM INTEGRITY SERVICES					
700275 - PROGRAM INTEGRITY SERVICES	\$1,261,532	\$1,183,750	\$354,875	\$0	\$354,875
TOTAL PROGRAM PARENT L1 FUNDS	\$1,261,532	\$1,183,750	\$354,875	\$0	\$354,875
H04301 - 35 K STREET ADULT CLINICAL SERVICES					
700276 - 35 K STREET ADULT CLINICAL SERVICES	\$110,595	\$2,783,877	\$2,058,635	\$0	\$2,058,635
TOTAL PROGRAM PARENT L1 FUNDS	\$110,595	\$2,783,877	\$2,058,635	\$0	\$2,058,635
H04302 - ACCESS HELPLINE					
700277 - ACCESS HELPLINE	\$1,729,525	\$2,987,375	\$2,630,514	\$0	\$2,630,514
TOTAL PROGRAM PARENT L1 FUNDS	\$1,729,525	\$2,987,375	\$2,630,514	\$0	\$2,630,514
H04303 - ADULT/TRANSITIONAL YOUTH SERVICES ADMINISTRATIVE SERVICES					

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025		Committee's FY 2025	
			Proposed	Committee Variance	Recommendation	
700278 - ADULT/TRANSITIONAL YOUTH SERVICES ADMINISTRATIVE SE	\$88,510	\$0	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$88,510	\$0	\$0	\$0	\$0	\$0
H04304 - ASSESSMENT AND REFERRAL CENTER SERVICES						
700279 - ASSESSMENT AND REFERRAL CENTER SERVICES	\$1,765,180	\$2,273,267	\$2,393,309	\$0	\$2,393,309	\$2,393,309
TOTAL PROGRAM PARENT L1 FUNDS	\$1,765,180	\$2,273,267	\$2,393,309	\$0	\$2,393,309	\$2,393,309
H04305 - CO-LOCATED SERVICES						
700280 - CO-LOCATED SERVICES	\$759,341	\$289,175	\$292,557	\$0	\$292,557	\$292,557
TOTAL PROGRAM PARENT L1 FUNDS	\$759,341	\$289,175	\$292,557	\$0	\$292,557	\$292,557
H04306 - COMMUNITY RESPONSE TEAM						
700281 - COMMUNITY RESPONSE TEAM	\$8,146,729	\$10,644,554	\$9,982,467	\$0	\$9,982,467	\$9,982,467
TOTAL PROGRAM PARENT L1 FUNDS	\$8,146,729	\$10,644,554	\$9,982,467	\$0	\$9,982,467	\$9,982,467
H04307 - GAMBLING ADDICTION TREATMENT SERVICES						
700282 - GAMBLING ADDICTION TREATMENT SERVICES	\$27,540	\$0	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$27,540	\$0	\$0	\$0	\$0	\$0
H04308 - HOUSING SUPPORT SERVICES						
700283 - HOUSING SUPPORT SERVICES	\$27,419,358	\$29,637,309	\$28,987,309	(\$292,980)	\$28,694,329	\$28,694,329
TOTAL PROGRAM PARENT L1 FUNDS	\$27,419,358	\$29,637,309	\$28,987,309	(\$292,980)	\$28,694,329	\$28,694,329
H04309 - IMPLEM OF DRUG TREATMENT CHOICE SERVICES						
700284 - IMPLEM OF DRUG TREATMENT CHOICE SERVICES	(\$15,988)	\$0	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	(\$15,988)	\$0	\$0	\$0	\$0	\$0
H04310 - MENTAL HEALTH AND REHAB SERVICES						
700285 - MENTAL HEALTH AND REHAB SERVICES	\$63,209,155	\$65,255,442	\$20,213,562	\$0	\$20,213,562	\$20,213,562
TOTAL PROGRAM PARENT L1 FUNDS	\$63,209,155	\$65,255,442	\$20,213,562	\$0	\$20,213,562	\$20,213,562
H04311 - MH/SUD BEHAVIORAL HEALTH SERVICES (ADULT)						
700286 - MH/SUD BEHAVIORAL HEALTH SERVICES (ADULT)	\$15,827,069	\$15,418,371	\$14,338,644	\$1,250,000	\$15,588,644	\$15,588,644
TOTAL PROGRAM PARENT L1 FUNDS	\$15,827,069	\$15,418,371	\$14,338,644	\$1,250,000	\$15,588,644	\$15,588,644
H04312 - PROVIDER RELATIONS SERVICES						
700287 - PROVIDER RELATIONS SERVICES	\$953,455	\$1,252,045	\$1,152,206	\$0	\$1,152,206	\$1,152,206
TOTAL PROGRAM PARENT L1 FUNDS	\$953,455	\$1,252,045	\$1,152,206	\$0	\$1,152,206	\$1,152,206
H04313 - RESIDENTIAL SUPPORT AND CONTINUITY OF CARE SERVICES						
700288 - RESIDENTIAL SUPPORT AND CONTINUITY OF CARE SERVICE	\$614,491	\$582,907	\$599,614	\$0	\$599,614	\$599,614
TOTAL PROGRAM PARENT L1 FUNDS	\$614,491	\$582,907	\$599,614	\$0	\$599,614	\$599,614
H04314 - SPECIALTY SERVICES						
700289 - SPECIALTY SERVICES	\$7,060,175	\$7,416,635	\$5,514,618	\$0	\$5,514,618	\$5,514,618
TOTAL PROGRAM PARENT L1 FUNDS	\$7,060,175	\$7,416,635	\$5,514,618	\$0	\$5,514,618	\$5,514,618
H04315 - SUBSTANCE USE DISORDER TREATMENT SERVICES						
700290 - SUBSTANCE USE DISORDER TREATMENT SERVICES	\$1,192,931	\$1,267,195	\$1,197,609	\$0	\$1,197,609	\$1,197,609
TOTAL PROGRAM PARENT L1 FUNDS	\$1,192,931	\$1,267,195	\$1,197,609	\$0	\$1,197,609	\$1,197,609
H04316 - STATE OPIOID RESPONSE PROGRAM						
700338 - STATE OPIOID RESPONSE PROGRAM	\$25,404,622	\$29,847,071	\$36,014,647	\$0	\$36,014,647	\$36,014,647
TOTAL PROGRAM PARENT L1 FUNDS	\$25,404,622	\$29,847,071	\$36,014,647	\$0	\$36,014,647	\$36,014,647
H04317 - BEHAVIORAL HEALTH REHABILITATION - LOCAL MATCH						
700365 - BEHAVIORAL HEALTH REHABILITATION - LOCAL MATCH	\$0	\$0	\$44,638,076	\$0	\$44,638,076	\$44,638,076
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$44,638,076	\$0	\$44,638,076	\$44,638,076
H04402 - CONSUMER AND FAMILY AFFAIRS						
700292 - CONSUMER AND FAMILY AFFAIRS	\$1,996,907	\$993,354	\$1,018,515	\$0	\$1,018,515	\$1,018,515
TOTAL PROGRAM PARENT L1 FUNDS	\$1,996,907	\$993,354	\$1,018,515	\$0	\$1,018,515	\$1,018,515
H04403 - EXECUTIVE DIRECTOR						
700293 - EXECUTIVE DIRECTOR	\$2,038,329	\$2,708,261	\$2,609,773	\$0	\$2,609,773	\$2,609,773
TOTAL PROGRAM PARENT L1 FUNDS	\$2,038,329	\$2,708,261	\$2,609,773	\$0	\$2,609,773	\$2,609,773
H04404 - LEGAL SERVICES						
700294 - LEGAL SERVICES	\$1,049,390	\$1,040,560	\$1,046,625	\$0	\$1,046,625	\$1,046,625
TOTAL PROGRAM PARENT L1 FUNDS	\$1,049,390	\$1,040,560	\$1,046,625	\$0	\$1,046,625	\$1,046,625
H04405 - LEGISLATIVE AND PUBLIC SERVICES						
700295 - LEGISLATIVE AND PUBLIC SERVICES	\$932,635	\$963,828	\$917,518	\$0	\$917,518	\$917,518
TOTAL PROGRAM PARENT L1 FUNDS	\$932,635	\$963,828	\$917,518	\$0	\$917,518	\$917,518

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
H04406 - OMBUDSMAN					
700296 - OMBUDSMAN	\$293,560	\$302,307	\$401,154	\$0	\$401,154
TOTAL PROGRAM PARENT L1 FUNDS	\$293,560	\$302,307	\$401,154	\$0	\$401,154
H04501 - BEHAVIORAL SERVICES - HOWARD ROAD					
700298 - BEHAVIORAL SERVICES - HOWARD ROAD	\$0	\$216,507	\$217,385	\$0	\$217,385
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$216,507	\$217,385	\$0	\$217,385
H04502 - CHILD/ADOLESCENT/FAMILY SERVICES ADMINISTRATIVE SERVICES					
700299 - CHILD/ADOLESCENT/FAMILY SERVICES ADMINISTRATIVE SEI	\$290,361	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$290,361	\$0	\$0	\$0	\$0
H04503 - COURT ASSESSMENT SERVICES					
700300 - COURT ASSESSMENT SERVICES	\$1,557,064	\$1,630,847	\$1,063,032	\$0	\$1,063,032
TOTAL PROGRAM PARENT L1 FUNDS	\$1,557,064	\$1,630,847	\$1,063,032	\$0	\$1,063,032
H04504 - CRISIS SERVICES					
700301 - CRISIS SERVICES	\$989,085	\$1,466,544	\$100,000	\$0	\$100,000
TOTAL PROGRAM PARENT L1 FUNDS	\$989,085	\$1,466,544	\$100,000	\$0	\$100,000
H04505 - EARLY CHILDHOOD SERVICES					
700302 - EARLY CHILDHOOD SERVICES	\$3,387,559	\$3,896,600	\$3,501,668	(\$75,968)	\$3,425,700
TOTAL PROGRAM PARENT L1 FUNDS	\$3,387,559	\$3,896,600	\$3,501,668	(\$75,968)	\$3,425,700
H04506 - EVIDENCE BASED PRACTICES SERVICES					
700303 - EVIDENCE BASED PRACTICES SERVICES	\$1,336,351	\$1,259,287	\$1,258,065	\$0	\$1,258,065
TOTAL PROGRAM PARENT L1 FUNDS	\$1,336,351	\$1,259,287	\$1,258,065	\$0	\$1,258,065
H04507 - MH/SUD BEHAVIORAL HEALTH SERVICES (CHILD & FAMILY)					
700304 - MH/SUD BEHAVIORAL HEALTH SERVICES (CHILD & FAMILY)	\$1,942,512	\$1,378,285	\$1,349,674	\$0	\$1,349,674
TOTAL PROGRAM PARENT L1 FUNDS	\$1,942,512	\$1,378,285	\$1,349,674	\$0	\$1,349,674
H04508 - SCHOOL BASED BEHAVIORAL HEALTH SERVICES					
700305 - SCHOOL BASED BEHAVIORAL HEALTH SERVICES	\$28,069,439	\$38,339,743	\$28,362,409	(\$593,780)	\$27,768,629
TOTAL PROGRAM PARENT L1 FUNDS	\$28,069,439	\$38,339,743	\$28,362,409	(\$593,780)	\$27,768,629
H04509 - SPECIALTY SERVICES					
700306 - SPECIALTY SERVICES	\$899,210	\$1,066,899	\$941,013	\$0	\$941,013
TOTAL PROGRAM PARENT L1 FUNDS	\$899,210	\$1,066,899	\$941,013	\$0	\$941,013
H04601 - BEHAVIORAL HEALTH SERVICES					
700308 - BEHAVIORAL HEALTH SERVICES	\$207,569	\$115,681	\$490,080	\$0	\$490,080
TOTAL PROGRAM PARENT L1 FUNDS	\$207,569	\$115,681	\$490,080	\$0	\$490,080
H04602 - BEHAVIORAL HEALTH SERVICES-PHARMACY					
700309 - BEHAVIORAL HEALTH SERVICES-PHARMACY	\$478,545	\$202,510	\$202,510	\$0	\$202,510
TOTAL PROGRAM PARENT L1 FUNDS	\$478,545	\$202,510	\$202,510	\$0	\$202,510
H04603 - COMPREHENSIVE PSYCHIATRIC EMERGENCY SERVICES					
700310 - COMPREHENSIVE PSYCHIATRIC EMERGENCY SERVICES	\$5,098,748	\$5,174,478	\$7,756,394	(\$18,848)	\$7,737,546
TOTAL PROGRAM PARENT L1 FUNDS	\$5,098,748	\$5,174,478	\$7,756,394	(\$18,848)	\$7,737,546
H04604 - DISASTER BEHAVIORAL HEALTH SERVICES AND SUPPORT SERVICES					
700311 - DISASTER BEHAVIORAL HEALTH SERVICES AND SUPPORT SE	\$1,314,587	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$1,314,587	\$0	\$0	\$0	\$0
H04605 - FORENSICS SERVICES					
700312 - FORENSICS SERVICES	\$4,335,674	\$4,734,130	\$4,102,385	\$0	\$4,102,385
TOTAL PROGRAM PARENT L1 FUNDS	\$4,335,674	\$4,734,130	\$4,102,385	\$0	\$4,102,385
H04701 - BEHAVIORAL HEALTH GRANT OVERSIGHT SERVICES					
700313 - BEHAVIORAL HEALTH GRANT OVERSIGHT SERVICES	\$2,300,581	\$2,623,198	\$2,092,987	\$0	\$2,092,987
TOTAL PROGRAM PARENT L1 FUNDS	\$2,300,581	\$2,623,198	\$2,092,987	\$0	\$2,092,987
H04702 - DATA AND PERFORMANCE MEASUREMENT SERVICES					
700314 - DATA AND PERFORMANCE MEASUREMENT SERVICES	\$1,562,309	\$2,062,300	\$2,386,854	\$0	\$2,386,854
TOTAL PROGRAM PARENT L1 FUNDS	\$1,562,309	\$2,062,300	\$2,386,854	\$0	\$2,386,854
H04703 - STRATEGIC PLANNING AND POLICY SERVICES					
700315 - STRATEGIC PLANNING AND POLICY SERVICES	\$576,589	\$409,361	\$351,351	\$0	\$351,351
TOTAL PROGRAM PARENT L1 FUNDS	\$576,589	\$409,361	\$351,351	\$0	\$351,351
H04704 - TRAINING INSTITUTE SERVICES					
700316 - TRAINING INSTITUTE SERVICES	\$1,651,832	\$1,197,474	\$989,902	\$0	\$989,902
TOTAL PROGRAM PARENT L1 FUNDS	\$1,651,832	\$1,197,474	\$989,902	\$0	\$989,902

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
H04801 - CLINICAL ADMINISTRATIVE SERVICES					
700317 - CLINICAL ADMINISTRATIVE SERVICES	\$11,897,527	\$12,605,564	\$12,833,528	(\$9,044)	\$12,824,484
TOTAL PROGRAM PARENT L1 FUNDS	\$11,897,527	\$12,605,564	\$12,833,528	(\$9,044)	\$12,824,484
H04802 - CLINICAL AND MEDICAL SERVICES					
700318 - CLINICAL AND MEDICAL SERVICES	\$21,786,123	\$21,153,193	\$22,867,584	(\$27,168)	\$22,840,416
TOTAL PROGRAM PARENT L1 FUNDS	\$21,786,123	\$21,153,193	\$22,867,584	(\$27,168)	\$22,840,416
H04803 - ENGINEERING AND MAINTENANCE SERVICES					
700319 - ENGINEERING AND MAINTENANCE SERVICES	\$5,615,293	\$4,853,078	\$4,843,077	(\$29,093)	\$4,813,984
TOTAL PROGRAM PARENT L1 FUNDS	\$5,615,293	\$4,853,078	\$4,843,077	(\$29,093)	\$4,813,984
H04804 - FISCAL AND SUPPORT SERVICES					
700320 - FISCAL AND SUPPORT SERVICES	\$461,748	\$951,917	\$874,419	\$0	\$874,419
TOTAL PROGRAM PARENT L1 FUNDS	\$461,748	\$951,917	\$874,419	\$0	\$874,419
H04805 - HOSPITAL ADMINISTRATIVE SERVICES					
700321 - HOSPITAL ADMINISTRATIVE SERVICES	\$1,147,716	\$1,180,735	\$5,737,277	(\$46,175)	\$5,691,101
TOTAL PROGRAM PARENT L1 FUNDS	\$1,147,716	\$1,180,735	\$5,737,277	(\$46,175)	\$5,691,101
H04806 - HOUSEKEEPING SERVICES					
700322 - HOUSEKEEPING SERVICES	\$3,023,269	\$2,788,853	\$2,659,363	\$0	\$2,659,363
TOTAL PROGRAM PARENT L1 FUNDS	\$3,023,269	\$2,788,853	\$2,659,363	\$0	\$2,659,363
H04807 - MATERIAL MANAGEMENT SERVICES					
700323 - MATERIAL MANAGEMENT SERVICES	\$1,307,104	\$1,586,638	\$1,511,558	(\$4,562)	\$1,506,996
TOTAL PROGRAM PARENT L1 FUNDS	\$1,307,104	\$1,586,638	\$1,511,558	(\$4,562)	\$1,506,996
H04808 - NURSING SERVICES					
700324 - NURSING SERVICES	\$53,997,718	\$46,290,762	\$50,248,168	\$0	\$50,248,168
TOTAL PROGRAM PARENT L1 FUNDS	\$53,997,718	\$46,290,762	\$50,248,168	\$0	\$50,248,168
H04809 - NUTRITIONAL SERVICES					
700325 - NUTRITIONAL SERVICES	\$3,391,505	\$4,375,449	\$3,414,479	\$0	\$3,414,479
TOTAL PROGRAM PARENT L1 FUNDS	\$3,391,505	\$4,375,449	\$3,414,479	\$0	\$3,414,479
H04810 - QUALITY AND DATA MANAGEMENT SERVICES					
700326 - QUALITY AND DATA MANAGEMENT SERVICES	\$1,454,629	\$1,571,602	\$1,575,347	(\$11,275)	\$1,564,072
TOTAL PROGRAM PARENT L1 FUNDS	\$1,454,629	\$1,571,602	\$1,575,347	(\$11,275)	\$1,564,072
H04811 - SECURITY AND SAFETY SERVICES					
700327 - SECURITY AND SAFETY SERVICES	\$5,257,172	\$4,741,694	\$4,941,617	(\$744)	\$4,940,873
TOTAL PROGRAM PARENT L1 FUNDS	\$5,257,172	\$4,741,694	\$4,941,617	(\$744)	\$4,940,873
H04812 - TRANSPORTATION AND GROUNDS SERVICES					
700328 - TRANSPORTATION AND GROUNDS SERVICES	\$675,905	\$667,042	\$632,457	(\$11,226)	\$621,231
TOTAL PROGRAM PARENT L1 FUNDS	\$675,905	\$667,042	\$632,457	(\$11,226)	\$621,231
H05201 - DIRECTOR AND COMMISSION SUPPORT					
700356 - DIRECTOR AND COMMISSION SUPPORT	\$0	\$548,000	\$14,655,500	\$0	\$14,655,500
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$548,000	\$14,655,500	\$0	\$14,655,500
H05301 - CHILD/YOUTH CRISIS & COMMUNITY TRAUMA RESPONDS					
700357 - CHILD/YOUTH CRISIS & COMMUNITY TRAUMA RESPONSE	\$0	\$0	\$1,366,544	\$0	\$1,366,544
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$1,366,544	\$0	\$1,366,544
PRG001 - NO PROGRAM					
000000 - NO PROGRAM	(\$199,479)	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	(\$199,479)	\$0	\$0	\$0	\$0
TOTAL AGENCY FUNDS	\$358,176,811	\$380,100,036	\$385,536,240	(\$233,506)	\$385,302,734
Department of Health					
AFO002 - AGENCY ACCOUNTING SERVICES					
150002 - AGENCY ACCOUNTING SERVICES	\$1,054,412	\$1,329,845	\$1,277,475	\$0	\$1,277,475
TOTAL PROGRAM PARENT L1 FUNDS	\$1,054,412	\$1,329,845	\$1,277,475	\$0	\$1,277,475
AFO003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES					
150003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVIC	\$1,124,210	\$1,272,746	\$1,315,053	(\$2,000)	\$1,313,053
TOTAL PROGRAM PARENT L1 FUNDS	\$1,124,210	\$1,272,746	\$1,315,053	(\$2,000)	\$1,313,053
AFO005 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION SERVICES					
150001 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION	\$751,491	\$869,005	\$857,559	\$0	\$857,559
TOTAL PROGRAM PARENT L1 FUNDS	\$751,491	\$869,005	\$857,559	\$0	\$857,559

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
AMP003 - COMMUNICATIONS					
100003 - COMMUNICATIONS - GENERAL	\$728,677	\$956,599	\$1,335,580	\$0	\$1,335,580
100007 - LANGUAGE ACCESS	\$93,379	\$100,000	\$106,000	\$0	\$106,000
TOTAL PROGRAM PARENT L1 FUNDS	\$822,057	\$1,056,599	\$1,441,580	\$0	\$1,441,580
AMP005 - CONTRACTING AND PROCUREMENT					
100022 - CONTRACTING AND PROCUREMENT - GENERAL	\$870,607	\$785,676	\$1,261,399	\$0	\$1,261,399
TOTAL PROGRAM PARENT L1 FUNDS	\$870,607	\$785,676	\$1,261,399	\$0	\$1,261,399
AMP011 - HUMAN RESOURCE SERVICES					
100058 - HUMAN RESOURCE SERVICES - GENERAL	\$1,386,869	\$1,742,355	\$2,060,721	\$0	\$2,060,721
TOTAL PROGRAM PARENT L1 FUNDS	\$1,386,869	\$1,742,355	\$2,060,721	\$0	\$2,060,721
AMP012 - INFORMATION TECHNOLOGY SERVICES					
100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	\$6,405,450	\$4,165,806	\$8,070,145	\$0	\$8,070,145
TOTAL PROGRAM PARENT L1 FUNDS	\$6,405,450	\$4,165,806	\$8,070,145	\$0	\$8,070,145
AMP013 - LABOR RELATIONS					
100087 - LABOR RELATIONS - GENERAL	\$115,021	\$180,829	\$170,800	\$0	\$170,800
TOTAL PROGRAM PARENT L1 FUNDS	\$115,021	\$180,829	\$170,800	\$0	\$170,800
AMP014 - LEGAL SERVICES					
100092 - LEGAL SERVICES - GENERAL	\$2,293,932	\$2,716,132	\$2,702,454	\$0	\$2,702,454
TOTAL PROGRAM PARENT L1 FUNDS	\$2,293,932	\$2,716,132	\$2,702,454	\$0	\$2,702,454
AMP019 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT					
100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	\$16,404,285	\$19,639,133	\$16,991,359	\$0	\$16,991,359
TOTAL PROGRAM PARENT L1 FUNDS	\$16,404,285	\$19,639,133	\$16,991,359	\$0	\$16,991,359
AMP024 - RISK MANAGEMENT					
100135 - RISK MANAGEMENT - GENERAL	\$125,012	\$132,064	\$132,119	\$0	\$132,119
TOTAL PROGRAM PARENT L1 FUNDS	\$125,012	\$132,064	\$132,119	\$0	\$132,119
AMP030 - EXECUTIVE ADMINISTRATION					
100151 - EXECUTIVE ADMINISTRATION	\$4,242,384	\$1,700,763	\$1,708,472	(\$3,556)	\$1,704,916
TOTAL PROGRAM PARENT L1 FUNDS	\$4,242,384	\$1,700,763	\$1,708,472	(\$3,556)	\$1,704,916
H00401 - CANCER AND CHRONIC DISEASE PREVENTION					
700023 - CANCER AND CHRONIC DISEASE PREVENTION	\$11,384,446	\$9,710,496	\$10,702,362	\$771,160	\$11,473,522
TOTAL PROGRAM PARENT L1 FUNDS	\$11,384,446	\$9,710,496	\$10,702,362	\$771,160	\$11,473,522
H00403 - COMMUNITY OF HEALTH SUPPORT SERVICES					
700329 - COMMUNITY OF HEALTH SUPPORT SERVICES	\$7,367,002	\$9,481,382	\$9,136,206	(\$17,720)	\$9,118,486
TOTAL PROGRAM PARENT L1 FUNDS	\$7,367,002	\$9,481,382	\$9,136,206	(\$17,720)	\$9,118,486
H00405 - FAMILY HEALTH					
700026 - FAMILY HEALTH	\$41,757,053	\$39,868,174	\$39,722,688	\$2,155,206	\$41,877,894
TOTAL PROGRAM PARENT L1 FUNDS	\$41,757,053	\$39,868,174	\$39,722,688	\$2,155,206	\$41,877,894
H00406 - HEALTH CARE ACCESS					
700027 - HEALTH CARE ACCESS	\$20,090,982	\$9,589,010	\$10,278,374	\$0	\$10,278,374
TOTAL PROGRAM PARENT L1 FUNDS	\$20,090,982	\$9,589,010	\$10,278,374	\$0	\$10,278,374
H00407 - NUTRITION AND PHYSICAL FITNESS					
700028 - NUTRITION AND PHYSICAL FITNESS	\$22,255,563	\$22,474,173	\$22,523,173	\$720,000	\$23,243,173
TOTAL PROGRAM PARENT L1 FUNDS	\$22,255,563	\$22,474,173	\$22,523,173	\$720,000	\$23,243,173
H00408 - PERINATAL AND INFANT HEALTH					
700029 - PERINATAL AND INFANT HEALTH	\$166,744	\$326,381	\$334,864	\$0	\$334,864
TOTAL PROGRAM PARENT L1 FUNDS	\$166,744	\$326,381	\$334,864	\$0	\$334,864
H00409 - PCPA SUPPORT SERVICES					
700336 - PCPA SUPPORT SERVICES	\$98,187	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$98,187	\$0	\$0	\$0	\$0
H00601 - FOOD, DRUG, RADIATION, AND COMMUNITY HYGIENE					
700031 - FOOD, DRUG, RADIATION, AND COMMUNITY HYGIENE	\$14,548,361	\$14,128,003	\$14,032,978	(\$25,550)	\$14,007,428
TOTAL PROGRAM PARENT L1 FUNDS	\$14,548,361	\$14,128,003	\$14,032,978	(\$25,550)	\$14,007,428
H00701 - COMMUNITY BASED PARTNERSHIP, RESEARCH AND POLICY EVALUATION					
700032 - COMMUNITY BASED PARTNERSHIP, RESEARCH AND POLICY	\$43,031	\$231,663	\$254,888	\$0	\$254,888
TOTAL PROGRAM PARENT L1 FUNDS	\$43,031	\$231,663	\$254,888	\$0	\$254,888
H00702 - HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION					

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			Proposed	Committee Variance	
700033 - HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION	\$125,182	\$102,390	\$12,333	\$0	\$12,333
TOTAL PROGRAM PARENT L1 FUNDS	\$125,182	\$102,390	\$12,333	\$0	\$12,333
H00703 - MULTI SECTOR COLLABORATION					
700034 - MULTI SECTOR COLLABORATION	\$478,091	\$567,539	\$695,024	\$0	\$695,024
TOTAL PROGRAM PARENT L1 FUNDS	\$478,091	\$567,539	\$695,024	\$0	\$695,024
H00801 - DIRECT CARE SERVICES FOR TUBERCULOSIS					
700331 - DIRECT CARE SERVICES FOR TUBERCULOSIS	\$2,058,048	\$1,751,308	\$1,987,553	\$0	\$1,987,553
TOTAL PROGRAM PARENT L1 FUNDS	\$2,058,048	\$1,751,308	\$1,987,553	\$0	\$1,987,553
H00802 - DRUG ASSISTANCE					
700035 - DRUG ASSISTANCE	\$12,123,755	\$9,081,291	\$10,782,274	\$0	\$10,782,274
TOTAL PROGRAM PARENT L1 FUNDS	\$12,123,755	\$9,081,291	\$10,782,274	\$0	\$10,782,274
H00803 - GRANTS AND CONTRACTS MANAGEMENT					
700036 - GRANTS AND CONTRACTS MANAGEMENT	\$1,591,651	\$1,918,229	\$1,639,108	\$0	\$1,639,108
TOTAL PROGRAM PARENT L1 FUNDS	\$1,591,651	\$1,918,229	\$1,639,108	\$0	\$1,639,108
H00804 - HIV HEALTH AND SUPPORT SERVICES					
700037 - HIV HEALTH AND SUPPORT SERVICES	\$36,937,310	\$39,975,052	\$38,221,847	\$0	\$38,221,847
TOTAL PROGRAM PARENT L1 FUNDS	\$36,937,310	\$39,975,052	\$38,221,847	\$0	\$38,221,847
H00805 - HIV/AIDS DATA AND RESEARCH					
700038 - HIV/AIDS DATA AND RESEARCH	\$2,037,954	\$4,165,821	\$3,991,618	\$0	\$3,991,618
TOTAL PROGRAM PARENT L1 FUNDS	\$2,037,954	\$4,165,821	\$3,991,618	\$0	\$3,991,618
H00806 - HIV/AIDS HOUSING AND SUPPORTIVE SERVICES					
700039 - HIV/AIDS HOUSING AND SUPPORTIVE SERVICES	\$11,863,045	\$13,664,395	\$13,980,418	\$0	\$13,980,418
TOTAL PROGRAM PARENT L1 FUNDS	\$11,863,045	\$13,664,395	\$13,980,418	\$0	\$13,980,418
H00807 - HIV/AIDS POLICY AND PLANNING					
700040 - HIV/AIDS POLICY AND PLANNING	\$4,008,263	\$5,477,633	\$6,126,224	\$0	\$6,126,224
TOTAL PROGRAM PARENT L1 FUNDS	\$4,008,263	\$5,477,633	\$6,126,224	\$0	\$6,126,224
H00808 - PREVENTION AND INTERVENTION SERVICES					
700041 - PREVENTION AND INTERVENTION SERVICES	\$11,238,316	\$11,099,079	\$11,834,332	\$500,000	\$12,334,332
TOTAL PROGRAM PARENT L1 FUNDS	\$11,238,316	\$11,099,079	\$11,834,332	\$500,000	\$12,334,332
H00809 - STD CONTROL					
700042 - STD CONTROL	\$3,485,957	\$3,191,638	\$3,168,803	\$0	\$3,168,803
TOTAL PROGRAM PARENT L1 FUNDS	\$3,485,957	\$3,191,638	\$3,168,803	\$0	\$3,168,803
H00902 - PUBLIC HEALTH EMERGENCY OPERATIONS AND PROGRAM SUPPORT					
700045 - PUBLIC HEALTH EMERGENCY OPERATIONS AND PROGRAM	\$7,572,780	\$4,381,480	\$4,799,908	\$0	\$4,799,908
TOTAL PROGRAM PARENT L1 FUNDS	\$7,572,780	\$4,381,480	\$4,799,908	\$0	\$4,799,908
H00903 - PUBLIC HEALTH EMERGENCY PREPAREDNESS					
700046 - PUBLIC HEALTH EMERGENCY PREPAREDNESS	\$2,023,169	\$1,502,138	\$1,481,355	\$0	\$1,481,355
TOTAL PROGRAM PARENT L1 FUNDS	\$2,023,169	\$1,502,138	\$1,481,355	\$0	\$1,481,355
H01101 - HEALTH CARE FACILITIES REGULATION					
700048 - HEALTH CARE FACILITIES REGULATION	\$6,217,104	\$8,215,422	\$7,372,921	\$0	\$7,372,921
TOTAL PROGRAM PARENT L1 FUNDS	\$6,217,104	\$8,215,422	\$7,372,921	\$0	\$7,372,921
H01201 - HEALTH LICENSING					
700049 - HEALTH LICENSING	\$13,808,084	\$11,853,378	\$12,599,294	\$0	\$12,599,294
TOTAL PROGRAM PARENT L1 FUNDS	\$13,808,084	\$11,853,378	\$12,599,294	\$0	\$12,599,294
H01301 - EMERGENCY MEDICAL SERVICES REGULATION					
700050 - EMERGENCY MEDICAL SERVICES REGULATION	\$106,421	\$201,301	\$135,479	\$167,541	\$303,020
TOTAL PROGRAM PARENT L1 FUNDS	\$106,421	\$201,301	\$135,479	\$167,541	\$303,020
H01401 - EPIDEMIOLOGIC STUDIES AND OUTBREAK INVESTIGATION					
700051 - EPIDEMIOLOGIC STUDIES AND OUTBREAK INVESTIGATION	\$6,971,445	\$7,737,812	\$3,314,419	\$0	\$3,314,419
TOTAL PROGRAM PARENT L1 FUNDS	\$6,971,445	\$7,737,812	\$3,314,419	\$0	\$3,314,419
H01501 - DEVELOPMENT OF THE STATE HEALTH PLAN AND ANNUAL IMPLEMENTATION					
700052 - DEVELOPMENT OF THE STATE HEALTH PLAN AND ANNUAL IMPLEMENTATION	\$1,457,705	\$1,582,930	\$1,795,798	\$0	\$1,795,798
TOTAL PROGRAM PARENT L1 FUNDS	\$1,457,705	\$1,582,930	\$1,795,798	\$0	\$1,795,798
H01601 - BIRTH AND DEATH RECORD COLLECTION, PROCESSING, ANALYZING AND DISSEMINATION					
700054 - BIRTH AND DEATH RECORD COLLECTION, PROCESSING, ANALYZING AND DISSEMINATION	\$11,278,368	\$24,259,532	\$35,915,620	\$0	\$35,915,620
TOTAL PROGRAM PARENT L1 FUNDS	\$11,278,368	\$24,259,532	\$35,915,620	\$0	\$35,915,620

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
PRG001 - NO PROGRAM					
000000 - NO PROGRAM	\$6,800	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$6,800	\$0	\$0	\$0	\$0
TOTAL AGENCY FUNDS	\$288,696,544	\$292,128,607	\$304,828,997	\$4,265,081	\$309,094,078
Department of Health Care Finance					
AFO002 - AGENCY ACCOUNTING SERVICES					
150002 - AGENCY ACCOUNTING SERVICES	\$3,353,048	\$7,133,253	\$7,249,272	\$0	\$7,249,272
TOTAL PROGRAM PARENT L1 FUNDS	\$3,353,048	\$7,133,253	\$7,249,272	\$0	\$7,249,272
AFO003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES					
150003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVIC	\$589,362	\$740,233	\$835,970	\$0	\$835,970
TOTAL PROGRAM PARENT L1 FUNDS	\$589,362	\$740,233	\$835,970	\$0	\$835,970
AFO005 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION SERVICES					
150001 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION	\$326,499	\$356,386	\$368,559	\$0	\$368,559
TOTAL PROGRAM PARENT L1 FUNDS	\$326,499	\$356,386	\$368,559	\$0	\$368,559
AFO010 - PAYROLL DEFAULT					
150011 - PAYROLL DEFAULT	\$0	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$0	\$0	\$0
AFO011 - P-CARD CLEARING					
150012 - P-CARD CLEARING	\$637	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$637	\$0	\$0	\$0	\$0
AMP003 - COMMUNICATIONS					
100003 - COMMUNICATIONS - GENERAL	\$649,379	\$1,819,551	\$0	\$0	\$0
100007 - LANGUAGE ACCESS	\$0	\$36,000	\$36,000	\$0	\$36,000
TOTAL PROGRAM PARENT L1 FUNDS	\$649,379	\$1,855,551	\$36,000	\$0	\$36,000
AMP005 - CONTRACTING AND PROCUREMENT					
100022 - CONTRACTING AND PROCUREMENT - GENERAL	\$1,960,062	\$1,875,735	\$1,882,726	\$0	\$1,882,726
100026 - CONTRACTS REPORTING	\$0	\$0	\$193,274	\$0	\$193,274
TOTAL PROGRAM PARENT L1 FUNDS	\$1,960,062	\$1,875,735	\$2,076,000	\$0	\$2,076,000
AMP006 - CUSTOMER SERVICE					
100028 - CUSTOMER SERVICE - GENERAL	\$3,143,763	\$4,700,046	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$3,143,763	\$4,700,046	\$0	\$0	\$0
AMP010 - GRANTS ADMINISTRATION					
100045 - GRANTS MANAGEMENT OVERSIGHT	\$2,824,067	\$1,857,541	\$0	\$0	\$0
100047 - SUB-GRANT ADMINISTRATION	\$8,000,000	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$10,824,067	\$1,857,541	\$0	\$0	\$0
AMP011 - HUMAN RESOURCE SERVICES					
100058 - HUMAN RESOURCE SERVICES - GENERAL	\$1,044,114	\$2,047,874	\$1,514,471	\$0	\$1,514,471
TOTAL PROGRAM PARENT L1 FUNDS	\$1,044,114	\$2,047,874	\$1,514,471	\$0	\$1,514,471
AMP012 - INFORMATION TECHNOLOGY SERVICES					
100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	\$0	\$0	\$10,989,856	(\$757,043)	\$10,232,813
100072 - INTERNAL SUPPORT	\$5,537,551	\$11,944,268	\$1,476,148	\$0	\$1,476,148
100076 - IT SECURITY	\$0	\$0	\$531,398	\$0	\$531,398
TOTAL PROGRAM PARENT L1 FUNDS	\$5,537,551	\$11,944,268	\$12,997,403	(\$757,043)	\$12,240,360
AMP014 - LEGAL SERVICES					
100092 - LEGAL SERVICES - GENERAL	\$1,220,335	\$1,633,025	\$1,470,759	\$0	\$1,470,759
TOTAL PROGRAM PARENT L1 FUNDS	\$1,220,335	\$1,633,025	\$1,470,759	\$0	\$1,470,759
AMP019 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT					
100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERA	\$2,750,902	\$11,770,256	\$4,024,851	\$0	\$4,024,851
TOTAL PROGRAM PARENT L1 FUNDS	\$2,750,902	\$11,770,256	\$4,024,851	\$0	\$4,024,851
AMP021 - RATES, REIMBURSEMENT, FINANCIAL ANALYSIS					
100122 - FINANCE SERVICES	\$3,277,035	\$4,848,496	\$0	\$0	\$0
100123 - REIMBURSEMENT SERVICES	\$129,814	\$236,163	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$3,406,849	\$5,084,658	\$0	\$0	\$0
AMP026 - TRAINING AND DEVELOPMENT					
100147 - SPECIAL PROGRAMS	\$1,035,000	\$0	\$0	\$0	\$0
100148 - TRAINING AND DEVELOPMENT - GENERAL	\$5,455	\$16,809	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$1,040,455	\$16,809	\$0	\$0	\$0
AMP030 - EXECUTIVE ADMINISTRATION					

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			Proposed	Committee Variance	
100151 - EXECUTIVE ADMINISTRATION	\$1,225,519	\$1,409,438	\$1,445,209	\$0	\$1,445,209
TOTAL PROGRAM PARENT L1 FUNDS	\$1,225,519	\$1,409,438	\$1,445,209	\$0	\$1,445,209
AMP037 - SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR					
100180 - SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR	\$0	\$0	\$4,418,885	(\$310,694)	\$4,108,191
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$4,418,885	(\$310,694)	\$4,108,191
AMP038 - SENIOR DEPUTY DIRECTOR/FINANCE					
100181 - SENIOR DEPUTY DIRECTOR/FINANCE	\$0	\$0	\$6,405,395	(\$10,553)	\$6,394,842
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$6,405,395	(\$10,553)	\$6,394,842
AMP039 - CHIEF OPERATING OFFICE					
100182 - CHIEF OPERATING OFFICE	\$0	\$0	\$2,615,172	(\$256,423)	\$2,358,750
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$2,615,172	(\$256,423)	\$2,358,750
AMP040 - DATA ANALYTICS AND RESEARCH ADMINISTRATION					
100183 - DATA ANALYTICS AND RESEARCH ADMINISTRATION	\$0	\$0	\$2,089,445	(\$10,150)	\$2,079,295
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$2,089,445	(\$10,150)	\$2,079,295
AMP041 - PROGRAM INTEGRITY					
100184 - PROGRAM INTEGRITY	\$0	\$0	\$4,770,656	(\$16,367)	\$4,754,289
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$4,770,656	(\$16,367)	\$4,754,289
AMP042 - HEALTH CARE OMBUDSMAN					
100185 - HEALTH CARE OMBUDSMAN	\$0	\$0	\$4,957,285	\$0	\$4,957,285
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$4,957,285	\$0	\$4,957,285
AMP043 - HEALTH CARE DELIVERY MGT SUPPORT SVCS					
100186 - HEALTH CARE DELIVERY MGT SUPPORT SVCS	\$0	\$0	\$1,445,848	(\$2,351)	\$1,443,498
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$1,445,848	(\$2,351)	\$1,443,498
AMP044 - MANAGED CARE MGT					
100187 - MANAGED CARE MGT	\$0	\$0	\$9,885,450	(\$300,000)	\$9,585,450
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$9,885,450	(\$300,000)	\$9,585,450
AMP045 - CHILDREN'S HEALTH SERVICES					
100188 - CHILDREN'S HEALTH SERVICES	\$0	\$0	\$1,291,675	\$0	\$1,291,675
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$1,291,675	\$0	\$1,291,675
AMP046 - HEALTH CARE QUALITY AND HEALTH OUTCOMES					
100189 - HEALTH CARE QUALITY AND HEALTH OUTCOMES	\$0	\$0	\$2,948,407	\$0	\$2,948,407
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$2,948,407	\$0	\$2,948,407
AMP047 - CLINICIANS, RX AND ACUTE CARE					
100190 - CLINICIANS, RX AND ACUTE CARE	\$0	\$0	\$8,363,600	\$1,201,921	\$9,565,521
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$8,363,600	\$1,201,921	\$9,565,521
AMP048 - LONG TERM CARE SUPPORT SERVICES					
100191 - LONG TERM CARE SUPPORT SERVICES	\$0	\$0	\$866,068	(\$6,660)	\$859,408
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$866,068	(\$6,660)	\$859,408
AMP049 - OVERSIGHT					
100192 - OVERSIGHT	\$0	\$0	\$2,100,082	\$0	\$2,100,082
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$2,100,082	\$0	\$2,100,082
AMP050 - OPERATIONS					
100193 - OPERATIONS	\$0	\$0	\$12,557,880	(\$135,000)	\$12,422,880
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$12,557,880	(\$135,000)	\$12,422,880
AMP051 - INTAKE AND ASSESSMENT					
100194 - INTAKE AND ASSESSMENT	\$0	\$0	\$9,775,936	\$0	\$9,775,936
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$9,775,936	\$0	\$9,775,936
AMP052 - HEALTH CARE POLICY					
100195 - HEALTH CARE POLICY	\$0	\$0	\$1,004,024	\$0	\$1,004,024
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$1,004,024	\$0	\$1,004,024
AMP053 - HEALTH CARE POLICY AND RESEARCH SUPPORT SERVICES					
100196 - HEALTH CARE POLICY AND RESEARCH SUPPORT SERVICES	\$0	\$0	\$1,957,327	(\$352,415)	\$1,604,912
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$1,957,327	(\$352,415)	\$1,604,912
AMP054 - ELIGIBILITY POLICY & OVERSIGHT					
100197 - ELIGIBILITY POLICY & OVERSIGHT	\$0	\$0	\$3,978,628	\$0	\$3,978,628
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$3,978,628	\$0	\$3,978,628

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AMP055 - DCAS PROGRAM MANAGEMENT					
100198 - DCAS PROGRAM MANAGEMENT	\$0	\$0	\$1,807,361	(\$209,776)	\$1,597,585
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$1,807,361	(\$209,776)	\$1,597,585
AMP056 - DCAS PROJECT MANAGEMENT					
100199 - DCAS PROJECT MANAGEMENT	\$0	\$0	\$4,350,037	(\$22,281)	\$4,327,756
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$4,350,037	(\$22,281)	\$4,327,756
AMP057 - DCAS HHS FUNCTIONAL					
100200 - DCAS HHS FUNCTIONAL	\$0	\$0	\$814,115	\$0	\$814,115
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$814,115	\$0	\$814,115
AMP058 - DCAS ORGANIZATIONAL CHANGE MANAGEMENT					
100201 - DCAS ORGANIZATIONAL CHANGE MANAGEMENT	\$0	\$0	\$13,202,557	\$0	\$13,202,557
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$13,202,557	\$0	\$13,202,557
AMP059 - DCAS INFORMATION TECHNOLOGY					
100202 - DCAS INFORMATION TECHNOLOGY	\$0	\$0	\$57,293,250	\$1,219,517	\$58,512,767
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$57,293,250	\$1,219,517	\$58,512,767
AMP060 - CLAIMS MANAGEMENT					
100203 - CLAIMS MANAGEMENT	\$0	\$0	\$59,722,222	\$0	\$59,722,222
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$59,722,222	\$0	\$59,722,222
AMP061 - HCOA SUPPORT SERVICES					
100204 - HCOA SUPPORT SERVICES	\$0	\$0	\$454,445	\$0	\$454,445
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$454,445	\$0	\$454,445
AMP062 - PUBLIC AND PRIVATE PROVIDER SERVICES					
100205 - PUBLIC AND PRIVATE PROVIDER SERVICES	\$0	\$0	\$3,664,604	\$0	\$3,664,604
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$3,664,604	\$0	\$3,664,604
AMP063 - HC REFORM AND INNOVATIVE SUPPORT SVS					
100206 - HC REFORM AND INNOVATIVE SUPPORT SVS	\$0	\$0	\$454,012	\$0	\$454,012
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$454,012	\$0	\$454,012
AMP064 - GRANTS ADMINISTRATION FUNCTION					
100207 - GRANTS ADMINISTRATION FUNCTION	\$0	\$0	\$5,921,060	\$100,000	\$6,021,060
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$5,921,060	\$100,000	\$6,021,060
AMP065 - HIE: HEALTH INFORMATION EXCHANGE					
100208 - HIE: HEALTH INFORMATION EXCHANGE	\$0	\$0	\$11,321,423	\$0	\$11,321,423
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$0	\$11,321,423	\$0	\$11,321,423
H02301 - E & E SYSTEMS					
700079 - E & E SYSTEMS	\$40,471,460	\$53,190,564	\$98,671	\$0	\$98,671
TOTAL PROGRAM PARENT L1 FUNDS	\$40,471,460	\$53,190,564	\$98,671	\$0	\$98,671
H02302 - E&E OVERSIGHT & MANAGEMENT					
700080 - E&E OVERSIGHT & MANAGEMENT	\$786,962	\$1,301,808	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$786,962	\$1,301,808	\$0	\$0	\$0
H02305 - E&E SUPPORT - PMO/SME - DCAS					
700083 - E&E SUPPORT - PMO/SME - DCAS	\$14,766,622	\$23,992,806	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$14,766,622	\$23,992,806	\$0	\$0	\$0
H02401 - HEALTH CARE AGENCY MONITORING AND KPIS					
700084 - HEALTH CARE AGENCY MONITORING AND KPIS	\$1,200,031	\$2,173,055	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$1,200,031	\$2,173,055	\$0	\$0	\$0
H02402 - HEALTH CARE DATA ANALYTICS					
700085 - HEALTH CARE DATA ANALYTICS	\$1,164,399	\$2,350,527	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$1,164,399	\$2,350,527	\$0	\$0	\$0
H02403 - HEALTH CARE INNOVATION					
700086 - HEALTH CARE INNOVATION	\$9,550,927	\$9,859,596	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$9,550,927	\$9,859,596	\$0	\$0	\$0
H02501 - CLAIMS PROCESSING & QUALITY ASSURANCE/CONTROL					
700087 - CLAIMS PROCESSING & QUALITY ASSURANCE/CONTROL	\$43,855,271	\$51,481,198	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$43,855,271	\$51,481,198	\$0	\$0	\$0
H02601 - ASSESSMENTS AND CARE COORDINATION					
700090 - ASSESSMENTS AND CARE COORDINATION	\$972,146	\$1,133,956	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$972,146	\$1,133,956	\$0	\$0	\$0

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H02602 - FRAUD, WASTE, AND ABUSE					
700091 - FRAUD, WASTE, AND ABUSE	\$3,494,872	\$3,986,654	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$3,494,872	\$3,986,654	\$0	\$0	\$0
H02603 - POLICY					
700092 - POLICY	\$2,784,417	\$5,455,721	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$2,784,417	\$5,455,721	\$0	\$0	\$0
H02604 - PROVIDER OVERSIGHT					
700093 - PROVIDER OVERSIGHT	\$38,840,732	\$51,946,617	\$2,125,000	\$0	\$2,125,000
TOTAL PROGRAM PARENT L1 FUNDS	\$38,840,732	\$51,946,617	\$2,125,000	\$0	\$2,125,000
H02605 - QUALITY & HEALTH OUTCOMES					
700094 - QUALITY & HEALTH OUTCOMES	\$3,163,423	\$4,731,601	\$500,827	\$0	\$500,827
TOTAL PROGRAM PARENT L1 FUNDS	\$3,163,423	\$4,731,601	\$500,827	\$0	\$500,827
H02703 - 1115/1915 - MEDICAID					
700097 - 1115/1915 - MEDICAID	\$456,081,846	\$422,481,022	\$439,257,068	\$0	\$439,257,068
TOTAL PROGRAM PARENT L1 FUNDS	\$456,081,846	\$422,481,022	\$439,257,068	\$0	\$439,257,068
H02704 - FFS - CHILDLESS ADULTS (GROUP 8)					
700098 - FFS - CHILDLESS ADULTS (GROUP 8)	\$8,829,284	\$43,574,114	\$49,225,265	\$0	\$49,225,265
TOTAL PROGRAM PARENT L1 FUNDS	\$8,829,284	\$43,574,114	\$49,225,265	\$0	\$49,225,265
H02705 - FFS - CHIP					
700099 - FFS - CHIP	\$7,000,970	\$10,171,550	\$8,565,942	\$0	\$8,565,942
TOTAL PROGRAM PARENT L1 FUNDS	\$7,000,970	\$10,171,550	\$8,565,942	\$0	\$8,565,942
H02706 - FFS - MEDICAID					
700100 - FFS - MEDICAID	\$1,345,709,365	\$1,326,335,113	\$1,221,596,634	\$0	\$1,221,596,634
TOTAL PROGRAM PARENT L1 FUNDS	\$1,345,709,365	\$1,326,335,113	\$1,221,596,634	\$0	\$1,221,596,634
H02707 - MCO - ALLIANCE					
700101 - MCO - ALLIANCE	\$111,194,270	\$118,327,853	\$132,493,843	\$150,259	\$132,644,102
TOTAL PROGRAM PARENT L1 FUNDS	\$111,194,270	\$118,327,853	\$132,493,843	\$150,259	\$132,644,102
H02708 - MCO - CHILDLESS ADULTS (GROUP 8)					
700102 - MCO - CHILDLESS ADULTS (GROUP 8)	\$770,921,572	\$668,545,729	\$932,119,710	(\$1,141,071)	\$930,978,639
TOTAL PROGRAM PARENT L1 FUNDS	\$770,921,572	\$668,545,729	\$932,119,710	(\$1,141,071)	\$930,978,639
H02709 - MCO - CHIP					
700103 - MCO - CHIP	\$52,093,788	\$94,379,291	\$72,535,053	(\$3,785)	\$72,531,268
TOTAL PROGRAM PARENT L1 FUNDS	\$52,093,788	\$94,379,291	\$72,535,053	(\$3,785)	\$72,531,268
H02710 - MCO - IMMIGRANT CHILDREN					
700104 - MCO - IMMIGRANT CHILDREN	\$15,118,596	\$10,491,795	\$18,270,916	(\$29,121)	\$18,241,795
TOTAL PROGRAM PARENT L1 FUNDS	\$15,118,596	\$10,491,795	\$18,270,916	(\$29,121)	\$18,241,795
H02711 - MCO - MEDICAID					
700105 - MCO - MEDICAID	\$1,248,648,704	\$1,201,967,187	\$1,526,896,949	(\$1,208,812)	\$1,525,688,138
TOTAL PROGRAM PARENT L1 FUNDS	\$1,248,648,704	\$1,201,967,187	\$1,526,896,949	(\$1,208,812)	\$1,525,688,138
H02712 - MCO - WAIVER					
700340 - MCO - WAIVER	\$146,010,822	\$143,269,843	\$187,300,552	\$0	\$187,300,552
TOTAL PROGRAM PARENT L1 FUNDS	\$146,010,822	\$143,269,843	\$187,300,552	\$0	\$187,300,552
H02713 - HCBS ARPA INITIATIVE					
700344 - HCBS ARPA INITIATIVE	\$475,094	\$491,050	\$0	\$0	\$0
700347 - HCBS ARPA PROVIDER PAYMENTS	\$12,058,076	\$0	\$0	\$0	\$0
700348 - HCBS ARPA ENHANCED WAGE SUPPLEMENTAL	\$47,780,913	\$0	\$0	\$0	\$0
700349 - HCBS ARPA WORKFORCE INCENTIVES AND PROVIDER REIM	\$19,765,734	\$0	\$0	\$0	\$0
700350 - HCBS ARPA INITIATIVES (DDS)	\$1,390,822	\$0	\$0	\$0	\$0
700352 - HCBS ARPA EXPANSION OF SERVICE AND ACCESS	\$204,807	\$0	\$0	\$0	\$0
700353 - HCBS ARPA QUALITY OVERSIGHT & PROVIDER CAPACITY	\$1,149,500	\$0	\$0	\$0	\$0
700355 - HCBS ARPA INITIATIVES (DHCF)	\$0	\$0	\$224,775	\$0	\$224,775
TOTAL PROGRAM PARENT L1 FUNDS	\$82,824,946	\$491,050	\$224,775	\$0	\$224,775
TOTAL AGENCY FUNDS	\$4,442,557,965	\$4,304,063,725	\$4,863,666,552	(\$2,100,804)	\$4,861,565,747
Health Benefit Exchange Authority					
AFO002 - AGENCY ACCOUNTING SERVICES					
150002 - AGENCY ACCOUNTING SERVICES	\$136,302	\$207,584	\$161,150	\$0	\$161,150
TOTAL PROGRAM PARENT L1 FUNDS	\$136,302	\$207,584	\$161,150	\$0	\$161,150

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
AFO003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES					
150003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVIC	\$208,124	\$207,584	\$206,407	\$0	\$206,407
TOTAL PROGRAM PARENT L1 FUNDS	\$208,124	\$207,584	\$206,407	\$0	\$206,407
AFO005 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION SERVICES					
150001 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION	\$350,239	\$413,879	\$412,483	\$0	\$412,483
TOTAL PROGRAM PARENT L1 FUNDS	\$350,239	\$413,879	\$412,483	\$0	\$412,483
AFO011 - P-CARD CLEARING					
150012 - P-CARD CLEARING	\$3,806	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$3,806	\$0	\$0	\$0	\$0
AMP005 - CONTRACTING AND PROCUREMENT					
100022 - CONTRACTING AND PROCUREMENT - GENERAL	\$691,214	\$651,920	\$678,608	\$0	\$678,608
TOTAL PROGRAM PARENT L1 FUNDS	\$691,214	\$651,920	\$678,608	\$0	\$678,608
AMP011 - HUMAN RESOURCE SERVICES					
100058 - HUMAN RESOURCE SERVICES - GENERAL	\$353,898	\$377,369	\$386,089	\$0	\$386,089
TOTAL PROGRAM PARENT L1 FUNDS	\$353,898	\$377,369	\$386,089	\$0	\$386,089
AMP012 - INFORMATION TECHNOLOGY SERVICES					
100076 - IT SECURITY	\$173,188	\$158,883	\$130,310	\$0	\$130,310
100080 - OPERATIONS, MAINTENANCE, AND DEVELOPMENT	\$17,463,169	\$13,225,400	\$14,011,289	\$0	\$14,011,289
TOTAL PROGRAM PARENT L1 FUNDS	\$17,636,357	\$13,384,283	\$14,141,599	\$0	\$14,141,599
AMP014 - LEGAL SERVICES					
100092 - LEGAL SERVICES - GENERAL	\$1,071,716	\$1,278,375	\$1,303,422	\$0	\$1,303,422
TOTAL PROGRAM PARENT L1 FUNDS	\$1,071,716	\$1,278,375	\$1,303,422	\$0	\$1,303,422
AMP016 - PERFORMANCE AND STRATEGIC MANAGEMENT					
100154 - PERFORMANCE AND STRATEGIC MANAGEMENT	\$5,648,657	\$2,392,033	\$2,573,589	\$0	\$2,573,589
TOTAL PROGRAM PARENT L1 FUNDS	\$5,648,657	\$2,392,033	\$2,573,589	\$0	\$2,573,589
AMP019 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT					
100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERA	\$1,315,943	\$1,506,499	\$1,492,410	\$0	\$1,492,410
TOTAL PROGRAM PARENT L1 FUNDS	\$1,315,943	\$1,506,499	\$1,492,410	\$0	\$1,492,410
H01901 - CONSUMER EDUCATION AND OUTREACH SUPPORT SERVICES					
700059 - CONSUMER EDUCATION AND OUTREACH SUPPORT SERVIC	\$1,143,862	\$1,340,759	\$1,353,335	\$0	\$1,353,335
TOTAL PROGRAM PARENT L1 FUNDS	\$1,143,862	\$1,340,759	\$1,353,335	\$0	\$1,353,335
H01902 - MARKETING AND COMMUNICATION					
700060 - MARKETING AND COMMUNICATION	\$927,936	\$972,946	\$963,451	\$0	\$963,451
TOTAL PROGRAM PARENT L1 FUNDS	\$927,936	\$972,946	\$963,451	\$0	\$963,451
H01903 - NAVIGATORS, CERTIFIED APPLICATION COUNSELORS AND IN-PERSON ENROLLMENT HELP					
700061 - NAVIGATORS, CERTIFIED APPLICATION COUNSELORS AND I	\$962,820	\$1,050,000	\$1,050,000	\$0	\$1,050,000
TOTAL PROGRAM PARENT L1 FUNDS	\$962,820	\$1,050,000	\$1,050,000	\$0	\$1,050,000
H02001 - CONTACT CENTER SERVICES					
700062 - CONTACT CENTER SERVICES	\$4,087,031	\$3,906,947	\$6,156,717	\$0	\$6,156,717
TOTAL PROGRAM PARENT L1 FUNDS	\$4,087,031	\$3,906,947	\$6,156,717	\$0	\$6,156,717
H02002 - DATA ANALYTICS AND REPORTING					
700063 - DATA ANALYTICS AND REPORTING	\$106,891	\$182,253	\$181,932	\$0	\$181,932
TOTAL PROGRAM PARENT L1 FUNDS	\$106,891	\$182,253	\$181,932	\$0	\$181,932
H02003 - ELIGIBILITY AND ENROLLMENT					
700064 - ELIGIBILITY AND ENROLLMENT	\$1,274,035	\$1,785,931	\$1,950,590	\$0	\$1,950,590
TOTAL PROGRAM PARENT L1 FUNDS	\$1,274,035	\$1,785,931	\$1,950,590	\$0	\$1,950,590
H02004 - MEMBER SERVICES					
700065 - MEMBER SERVICES	\$6,532,352	\$1,977,168	\$2,119,831	\$0	\$2,119,831
TOTAL PROGRAM PARENT L1 FUNDS	\$6,532,352	\$1,977,168	\$2,119,831	\$0	\$2,119,831
H02005 - PLAN MANAGEMENT					
700066 - PLAN MANAGEMENT	\$1,890,079	\$2,235,723	\$2,215,018	\$0	\$2,215,018
TOTAL PROGRAM PARENT L1 FUNDS	\$1,890,079	\$2,235,723	\$2,215,018	\$0	\$2,215,018
H02006 - S.H.O.P.					
700067 - S.H.O.P.	\$3,220,453	\$3,680,894	\$4,406,154	\$0	\$4,406,154
TOTAL PROGRAM PARENT L1 FUNDS	\$3,220,453	\$3,680,894	\$4,406,154	\$0	\$4,406,154
PRG001 - NO PROGRAM					
000000 - NO PROGRAM	(\$3,806)	\$0	\$0	\$0	\$0

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
TOTAL PROGRAM PARENT L1 FUNDS	(\$3,806)	\$0	\$0	\$0	\$0
TOTAL AGENCY FUNDS	\$47,557,909	\$37,552,148	\$41,752,784	\$0	\$41,752,784
Not-for-Profit Hospital Corporation					
C02001 - NOT FOR PROFIT HOSPITAL CORP SUBSIDY					
200147 - NOT FOR PROFIT HOSPITAL CORP SUBSIDY	\$0	\$155,000,000	\$155,000,000	\$0	\$155,000,000
TOTAL PROGRAM PARENT L1 FUNDS	\$0	\$155,000,000	\$155,000,000	\$0	\$155,000,000
TOTAL AGENCY FUNDS	\$0	\$155,000,000	\$155,000,000	\$0	\$155,000,000
Not-for-Profit Hospital Corporation Subsidy					
C02101 - NOT FOR PROFIT HOSPITAL CORP SUBSIDY FUNDING					
200148 - NOT FOR PROFIT HOSPITAL CORP SUBSIDY FUNDING	\$22,000,000	\$15,000,000	\$25,200,000	\$0	\$25,200,000
TOTAL PROGRAM PARENT L1 FUNDS	\$22,000,000	\$15,000,000	\$25,200,000	\$0	\$25,200,000
TOTAL AGENCY FUNDS	\$22,000,000	\$15,000,000	\$25,200,000	\$0	\$25,200,000
Office of the Deputy Mayor for Health and Human Services					
AMP030 - EXECUTIVE ADMINISTRATION					
100151 - EXECUTIVE ADMINISTRATION	\$1,856,314	\$2,071,890	\$2,175,904	(\$29,368)	\$2,146,536
TOTAL PROGRAM PARENT L1 FUNDS	\$1,856,314	\$2,071,890	\$2,175,904	(\$29,368)	\$2,146,536
H01701 - AGENCY OVERSIGHT AND SUPPORT SERVICES					
700055 - AGENCY OVERSIGHT AND SUPPORT SERVICES	\$117,020	\$405,671	\$304,583	\$0	\$304,583
TOTAL PROGRAM PARENT L1 FUNDS	\$117,020	\$405,671	\$304,583	\$0	\$304,583
H01702 - COMMUNITY ENGAGEMENT SERVICES					
700056 - COMMUNITY ENGAGEMENT SERVICES	\$71,577	\$0	\$0	\$0	\$0
TOTAL PROGRAM PARENT L1 FUNDS	\$71,577	\$0	\$0	\$0	\$0
TOTAL AGENCY FUNDS	\$2,044,911	\$2,477,561	\$2,480,487	(\$29,368)	\$2,451,119
GRAND TOTAL	\$5,161,034,141	\$5,186,322,077	\$5,778,465,060	\$1,901,402	\$5,780,366,462

Agency FT Equivalent by Program Parent L1 and Program					
Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
Department of Behavioral Health					
AFO002 - AGENCY ACCOUNTING SERVICES					
150002 - AGENCY ACCOUNTING SERVICES	7.89	0.00	7.00	0.00	7.00
TOTAL PROGRAM PARENT L1 FUNDS	7.89	0.00	7.00	0.00	7.00
AFO003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES					
150003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVIC	4.39	14.00	7.00	0.00	7.00
TOTAL PROGRAM PARENT L1 FUNDS	4.39	14.00	7.00	0.00	7.00
AFO005 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION SERVICES					
150001 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION	1.75	2.00	2.00	0.00	2.00
TOTAL PROGRAM PARENT L1 FUNDS	1.75	2.00	2.00	0.00	2.00
AFO010 - PAYROLL DEFAULT					
150011 - PAYROLL DEFAULT	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
AFO011 - P-CARD CLEARING					
150012 - P-CARD CLEARING	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
AMP002 - CLAIMS SERVICES					
100002 - CLAIMS SERVICES	5.23	6.00	6.00	0.00	6.00
TOTAL PROGRAM PARENT L1 FUNDS	5.23	6.00	6.00	0.00	6.00
AMP011 - HUMAN RESOURCE SERVICES					
100058 - HUMAN RESOURCE SERVICES - GENERAL	19.29	22.00	21.00	0.00	21.00
TOTAL PROGRAM PARENT L1 FUNDS	19.29	22.00	21.00	0.00	21.00
AMP012 - INFORMATION TECHNOLOGY SERVICES					
100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	20.47	22.00	21.00	0.00	21.00
TOTAL PROGRAM PARENT L1 FUNDS	20.47	22.00	21.00	0.00	21.00
AMP019 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT					
100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERA	18.40	22.83	22.83	0.00	22.83

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025		Committee's FY 2025	
			Proposed	Committee Variance	Recommendation	
TOTAL PROGRAM PARENT L1 FUNDS	18.40	22.83	22.83	0.00	22.83	
AMP022 - RECORDS MANAGEMENT						
100125 - RECORDS MANAGEMENT - GENERAL	7.86	9.00	9.00	0.00	9.00	
TOTAL PROGRAM PARENT L1 FUNDS	7.86	9.00	9.00	0.00	9.00	
AMP023 - RESOURCE MANAGEMENT						
100127 - RESOURCE MANAGEMENT - GENERAL	6.14	9.00	10.00	0.00	10.00	
TOTAL PROGRAM PARENT L1 FUNDS	6.14	9.00	10.00	0.00	10.00	
H04201 - ACCOUNTABILITY ADMINISTRATIVE SERVICES						
700271 - ACCOUNTABILITY ADMINISTRATIVE SERVICES	0.88	1.00	1.00	0.00	1.00	
TOTAL PROGRAM PARENT L1 FUNDS	0.88	1.00	1.00	0.00	1.00	
H04202 - CERTIFICATION SERVICES						
700272 - CERTIFICATION SERVICES	7.02	8.00	8.00	0.00	8.00	
TOTAL PROGRAM PARENT L1 FUNDS	7.02	8.00	8.00	0.00	8.00	
H04203 - INCIDENT, MANAGEMENT AND INVESTIGATION SERVICES						
700273 - INCIDENT, MANAGEMENT AND INVESTIGATION SERVICES	3.51	4.00	4.00	0.00	4.00	
TOTAL PROGRAM PARENT L1 FUNDS	3.51	4.00	4.00	0.00	4.00	
H04204 - LICENSURE SERVICES						
700274 - LICENSURE SERVICES	3.51	4.00	4.00	0.00	4.00	
TOTAL PROGRAM PARENT L1 FUNDS	3.51	4.00	4.00	0.00	4.00	
H04205 - PROGRAM INTEGRITY SERVICES						
700275 - PROGRAM INTEGRITY SERVICES	8.16	8.00	3.00	0.00	3.00	
TOTAL PROGRAM PARENT L1 FUNDS	8.16	8.00	3.00	0.00	3.00	
H04301 - 35 K STREET ADULT CLINICAL SERVICES						
700276 - 35 K STREET ADULT CLINICAL SERVICES	16.42	15.50	9.50	0.00	9.50	
TOTAL PROGRAM PARENT L1 FUNDS	16.42	15.50	9.50	0.00	9.50	
H04302 - ACCESS HELPLINE						
700277 - ACCESS HELPLINE	19.37	31.00	27.00	0.00	27.00	
TOTAL PROGRAM PARENT L1 FUNDS	19.37	31.00	27.00	0.00	27.00	
H04303 - ADULT/TRANSITIONAL YOUTH SERVICES ADMINISTRATIVE SERVICES						
700278 - ADULT/TRANSITIONAL YOUTH SERVICES ADMINISTRATIVE SE	0.00	0.00	0.00	0.00	0.00	
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00	
H04304 - ASSESSMENT AND REFERRAL CENTER SERVICES						
700279 - ASSESSMENT AND REFERRAL CENTER SERVICES	17.74	21.00	21.00	0.00	21.00	
TOTAL PROGRAM PARENT L1 FUNDS	17.74	21.00	21.00	0.00	21.00	
H04305 - CO-LOCATED SERVICES						
700280 - CO-LOCATED SERVICES	1.75	2.00	2.00	0.00	2.00	
TOTAL PROGRAM PARENT L1 FUNDS	1.75	2.00	2.00	0.00	2.00	
H04306 - COMMUNITY RESPONSE TEAM						
700281 - COMMUNITY RESPONSE TEAM	60.79	72.00	73.00	0.00	73.00	
TOTAL PROGRAM PARENT L1 FUNDS	60.79	72.00	73.00	0.00	73.00	
H04307 - GAMBLING ADDICTION TREATMENT SERVICES						
700282 - GAMBLING ADDICTION TREATMENT SERVICES	0.00	0.00	0.00	0.00	0.00	
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00	
H04308 - HOUSING SUPPORT SERVICES						
700283 - HOUSING SUPPORT SERVICES	3.47	0.00	0.00	0.00	0.00	
TOTAL PROGRAM PARENT L1 FUNDS	3.47	0.00	0.00	0.00	0.00	
H04309 - IMLEM OF DRUG TREATMENT CHOICE SERVICES						
700284 - IMLEM OF DRUG TREATMENT CHOICE SERVICES	0.00	0.00	0.00	0.00	0.00	
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00	
H04310 - MENTAL HEALTH AND REHAB SERVICES						
700285 - MENTAL HEALTH AND REHAB SERVICES	0.00	0.00	0.00	0.00	0.00	
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00	
H04311 - MH/SUD BEHAVIORAL HEALTH SERVICES (ADULT)						
700286 - MH/SUD BEHAVIORAL HEALTH SERVICES (ADULT)	20.45	21.50	16.50	0.00	16.50	
TOTAL PROGRAM PARENT L1 FUNDS	20.45	21.50	16.50	0.00	16.50	
H04312 - PROVIDER RELATIONS SERVICES						

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025		Committee's FY 2025	
			Proposed	Committee Variance	Recommendation	
700287 - PROVIDER RELATIONS SERVICES	8.67	9.00	8.00	0.00	8.00	8.00
TOTAL PROGRAM PARENT L1 FUNDS	8.67	9.00	8.00	0.00	8.00	8.00
H04313 - RESIDENTIAL SUPPORT AND CONTINUITY OF CARE SERVICES						
700288 - RESIDENTIAL SUPPORT AND CONTINUITY OF CARE SERVICE	3.47	4.00	4.00	0.00	4.00	4.00
TOTAL PROGRAM PARENT L1 FUNDS	3.47	4.00	4.00	0.00	4.00	4.00
H04314 - SPECIALTY SERVICES						
700289 - SPECIALTY SERVICES	13.56	20.50	16.50	0.00	16.50	16.50
TOTAL PROGRAM PARENT L1 FUNDS	13.56	20.50	16.50	0.00	16.50	16.50
H04315 - SUBSTANCE USE DISORDER TREATMENT SERVICES						
700290 - SUBSTANCE USE DISORDER TREATMENT SERVICES	10.19	9.00	9.00	0.00	9.00	9.00
TOTAL PROGRAM PARENT L1 FUNDS	10.19	9.00	9.00	0.00	9.00	9.00
H04316 - STATE OPIOID RESPONSE PROGRAM						
700338 - STATE OPIOID RESPONSE PROGRAM	10.98	20.50	20.50	0.00	20.50	20.50
TOTAL PROGRAM PARENT L1 FUNDS	10.98	20.50	20.50	0.00	20.50	20.50
H04317 - BEHAVIORAL HEALTH REHABILITATION - LOCAL MATCH						
700365 - BEHAVIORAL HEALTH REHABILITATION - LOCAL MATCH	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00	0.00
H04402 - CONSUMER AND FAMILY AFFAIRS						
700292 - CONSUMER AND FAMILY AFFAIRS	7.84	9.00	9.00	0.00	9.00	9.00
TOTAL PROGRAM PARENT L1 FUNDS	7.84	9.00	9.00	0.00	9.00	9.00
H04403 - EXECUTIVE DIRECTOR						
700293 - EXECUTIVE DIRECTOR	9.65	11.65	11.65	0.00	11.65	11.65
TOTAL PROGRAM PARENT L1 FUNDS	9.65	11.65	11.65	0.00	11.65	11.65
H04404 - LEGAL SERVICES						
700294 - LEGAL SERVICES	4.82	5.50	5.50	0.00	5.50	5.50
TOTAL PROGRAM PARENT L1 FUNDS	4.82	5.50	5.50	0.00	5.50	5.50
H04405 - LEGISLATIVE AND PUBLIC SERVICES						
700295 - LEGISLATIVE AND PUBLIC SERVICES	8.72	8.35	7.52	0.00	7.52	7.52
TOTAL PROGRAM PARENT L1 FUNDS	8.72	8.35	7.52	0.00	7.52	7.52
H04406 - OMBUDSMAN						
700296 - OMBUDSMAN	2.02	2.00	3.00	0.00	3.00	3.00
TOTAL PROGRAM PARENT L1 FUNDS	2.02	2.00	3.00	0.00	3.00	3.00
H04501 - BEHAVIORAL SERVICES - HOWARD ROAD						
700298 - BEHAVIORAL SERVICES - HOWARD ROAD	1.75	2.00	2.00	0.00	2.00	2.00
TOTAL PROGRAM PARENT L1 FUNDS	1.75	2.00	2.00	0.00	2.00	2.00
H04502 - CHILD/ADOLESCENT/FAMILY SERVICES ADMINISTRATIVE SERVICES						
700299 - CHILD/ADOLESCENT/FAMILY SERVICES ADMINISTRATIVE SEI	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00	0.00
H04503 - COURT ASSESSMENT SERVICES						
700300 - COURT ASSESSMENT SERVICES	6.14	7.00	5.00	0.00	5.00	5.00
TOTAL PROGRAM PARENT L1 FUNDS	6.14	7.00	5.00	0.00	5.00	5.00
H04504 - CRISIS SERVICES						
700301 - CRISIS SERVICES	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00	0.00
H04505 - EARLY CHILDHOOD SERVICES						
700302 - EARLY CHILDHOOD SERVICES	22.69	22.50	21.50	0.00	21.50	21.50
TOTAL PROGRAM PARENT L1 FUNDS	22.69	22.50	21.50	0.00	21.50	21.50
H04506 - EVIDENCE BASED PRACTICES SERVICES						
700303 - EVIDENCE BASED PRACTICES SERVICES	4.37	5.00	5.00	0.00	5.00	5.00
TOTAL PROGRAM PARENT L1 FUNDS	4.37	5.00	5.00	0.00	5.00	5.00
H04507 - MH/SUD BEHAVIORAL HEALTH SERVICES (CHILD & FAMILY)						
700304 - MH/SUD BEHAVIORAL HEALTH SERVICES (CHILD & FAMILY)	8.70	10.00	8.00	0.00	8.00	8.00
TOTAL PROGRAM PARENT L1 FUNDS	8.70	10.00	8.00	0.00	8.00	8.00
H04508 - SCHOOL BASED BEHAVIORAL HEALTH SERVICES						
700305 - SCHOOL BASED BEHAVIORAL HEALTH SERVICES	67.44	77.17	66.87	0.00	66.87	66.87
TOTAL PROGRAM PARENT L1 FUNDS	67.44	77.17	66.87	0.00	66.87	66.87

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
H04509 - SPECIALTY SERVICES					
700306 - SPECIALTY SERVICES	7.02	8.00	7.00	0.00	7.00
TOTAL PROGRAM PARENT L1 FUNDS	7.02	8.00	7.00	0.00	7.00
H04601 - BEHAVIORAL HEALTH SERVICES					
700308 - BEHAVIORAL HEALTH SERVICES	0.00	2.00	2.00	0.00	2.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	2.00	2.00	0.00	2.00
H04602 - BEHAVIORAL HEALTH SERVICES-PHARMACY					
700309 - BEHAVIORAL HEALTH SERVICES-PHARMACY	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H04603 - COMPREHENSIVE PSYCHIATRIC EMERGENCY SERVICES					
700310 - COMPREHENSIVE PSYCHIATRIC EMERGENCY SERVICES	35.63	41.25	52.00	0.00	52.00
TOTAL PROGRAM PARENT L1 FUNDS	35.63	41.25	52.00	0.00	52.00
H04604 - DISASTER BEHAVIORAL HEALTH SERVICES AND SUPPORT SERVICES					
700311 - DISASTER BEHAVIORAL HEALTH SERVICES AND SUPPORT SE	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H04605 - FORENSICS SERVICES					
700312 - FORENSICS SERVICES	20.97	24.00	26.00	0.00	26.00
TOTAL PROGRAM PARENT L1 FUNDS	20.97	24.00	26.00	0.00	26.00
H04701 - BEHAVIORAL HEALTH GRANT OVERSIGHT SERVICES					
700313 - BEHAVIORAL HEALTH GRANT OVERSIGHT SERVICES	0.88	1.00	4.00	0.00	4.00
TOTAL PROGRAM PARENT L1 FUNDS	0.88	1.00	4.00	0.00	4.00
H04702 - DATA AND PERFORMANCE MEASUREMENT SERVICES					
700314 - DATA AND PERFORMANCE MEASUREMENT SERVICES	13.13	15.00	15.00	0.00	15.00
TOTAL PROGRAM PARENT L1 FUNDS	13.13	15.00	15.00	0.00	15.00
H04703 - STRATEGIC PLANNING AND POLICY SERVICES					
700315 - STRATEGIC PLANNING AND POLICY SERVICES	2.63	3.00	3.00	0.00	3.00
TOTAL PROGRAM PARENT L1 FUNDS	2.63	3.00	3.00	0.00	3.00
H04704 - TRAINING INSTITUTE SERVICES					
700316 - TRAINING INSTITUTE SERVICES	6.13	7.17	6.00	0.00	6.00
TOTAL PROGRAM PARENT L1 FUNDS	6.13	7.17	6.00	0.00	6.00
H04801 - CLINICAL ADMINISTRATIVE SERVICES					
700317 - CLINICAL ADMINISTRATIVE SERVICES	97.35	112.00	114.00	0.00	114.00
TOTAL PROGRAM PARENT L1 FUNDS	97.35	112.00	114.00	0.00	114.00
H04802 - CLINICAL AND MEDICAL SERVICES					
700318 - CLINICAL AND MEDICAL SERVICES	97.31	111.05	116.05	0.00	116.05
TOTAL PROGRAM PARENT L1 FUNDS	97.31	111.05	116.05	0.00	116.05
H04803 - ENGINEERING AND MAINTENANCE SERVICES					
700319 - ENGINEERING AND MAINTENANCE SERVICES	15.79	18.00	18.00	0.00	18.00
TOTAL PROGRAM PARENT L1 FUNDS	15.79	18.00	18.00	0.00	18.00
H04804 - FISCAL AND SUPPORT SERVICES					
700320 - FISCAL AND SUPPORT SERVICES	4.34	5.93	4.92	0.00	4.92
TOTAL PROGRAM PARENT L1 FUNDS	4.34	5.93	4.92	0.00	4.92
H04805 - HOSPITAL ADMINISTRATIVE SERVICES					
700321 - HOSPITAL ADMINISTRATIVE SERVICES	9.65	9.00	10.00	0.00	10.00
TOTAL PROGRAM PARENT L1 FUNDS	9.65	9.00	10.00	0.00	10.00
H04806 - HOUSEKEEPING SERVICES					
700322 - HOUSEKEEPING SERVICES	41.12	46.00	44.00	0.00	44.00
TOTAL PROGRAM PARENT L1 FUNDS	41.12	46.00	44.00	0.00	44.00
H04807 - MATERIAL MANAGEMENT SERVICES					
700323 - MATERIAL MANAGEMENT SERVICES	7.89	9.00	8.00	0.00	8.00
TOTAL PROGRAM PARENT L1 FUNDS	7.89	9.00	8.00	0.00	8.00
H04808 - NURSING SERVICES					
700324 - NURSING SERVICES	380.49	431.00	428.00	0.00	428.00
TOTAL PROGRAM PARENT L1 FUNDS	380.49	431.00	428.00	0.00	428.00
H04809 - NUTRITIONAL SERVICES					
700325 - NUTRITIONAL SERVICES	24.64	28.10	27.10	0.00	27.10
TOTAL PROGRAM PARENT L1 FUNDS	24.64	28.10	27.10	0.00	27.10

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
H04810 - QUALITY AND DATA MANAGEMENT SERVICES					
700326 - QUALITY AND DATA MANAGEMENT SERVICES	9.65	11.00	11.00	0.00	11.00
TOTAL PROGRAM PARENT L1 FUNDS	9.65	11.00	11.00	0.00	11.00
H04811 - SECURITY AND SAFETY SERVICES					
700327 - SECURITY AND SAFETY SERVICES	26.89	31.00	30.00	0.00	30.00
TOTAL PROGRAM PARENT L1 FUNDS	26.89	31.00	30.00	0.00	30.00
H04812 - TRANSPORTATION AND GROUNDS SERVICES					
700328 - TRANSPORTATION AND GROUNDS SERVICES	4.38	4.00	4.00	0.00	4.00
TOTAL PROGRAM PARENT L1 FUNDS	4.38	4.00	4.00	0.00	4.00
H05201 - DIRECTOR AND COMMISSION SUPPORT					
700356 - DIRECTOR AND COMMISSION SUPPORT	0.00	4.00	4.00	0.00	4.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	4.00	4.00	0.00	4.00
H05301 - CHILD/YOUTH CRISIS & COMMUNITY TRAUMA RESPON					
700357 - CHILD/YOUTH CRISIS & COMMUNITY TRAUMA RESPONSE	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
PRG001 - NO PROGRAM					
000000 - NO PROGRAM	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
TOTAL AGENCY FUNDS	1,251.39	1,439.50	1,411.94	0.00	1,411.94
Department of Health					
AFO002 - AGENCY ACCOUNTING SERVICES					
150002 - AGENCY ACCOUNTING SERVICES	8.12	11.00	11.00	0.00	11.00
TOTAL PROGRAM PARENT L1 FUNDS	8.12	11.00	11.00	0.00	11.00
AFO003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES					
150003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVIC	5.86	8.00	8.00	0.00	8.00
TOTAL PROGRAM PARENT L1 FUNDS	5.86	8.00	8.00	0.00	8.00
AFO005 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION SERVICES					
150001 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION	3.98	5.00	5.00	0.00	5.00
TOTAL PROGRAM PARENT L1 FUNDS	3.98	5.00	5.00	0.00	5.00
AMP003 - COMMUNICATIONS					
100003 - COMMUNICATIONS - GENERAL	5.89	7.00	8.00	0.00	8.00
100007 - LANGUAGE ACCESS	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	5.89	7.00	8.00	0.00	8.00
AMP005 - CONTRACTING AND PROCUREMENT					
100022 - CONTRACTING AND PROCUREMENT - GENERAL	3.45	6.00	8.00	0.00	8.00
TOTAL PROGRAM PARENT L1 FUNDS	3.45	6.00	8.00	0.00	8.00
AMP011 - HUMAN RESOURCE SERVICES					
100058 - HUMAN RESOURCE SERVICES - GENERAL	8.55	13.00	16.00	0.00	16.00
TOTAL PROGRAM PARENT L1 FUNDS	8.55	13.00	16.00	0.00	16.00
AMP012 - INFORMATION TECHNOLOGY SERVICES					
100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	14.21	29.00	30.00	0.00	30.00
TOTAL PROGRAM PARENT L1 FUNDS	14.21	29.00	30.00	0.00	30.00
AMP013 - LABOR RELATIONS					
100087 - LABOR RELATIONS - GENERAL	0.96	1.00	1.00	0.00	1.00
TOTAL PROGRAM PARENT L1 FUNDS	0.96	1.00	1.00	0.00	1.00
AMP014 - LEGAL SERVICES					
100092 - LEGAL SERVICES - GENERAL	14.05	14.00	14.00	0.00	14.00
TOTAL PROGRAM PARENT L1 FUNDS	14.05	14.00	14.00	0.00	14.00
AMP019 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT					
100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERA	6.34	5.00	4.00	0.00	4.00
TOTAL PROGRAM PARENT L1 FUNDS	6.34	5.00	4.00	0.00	4.00
AMP024 - RISK MANAGEMENT					
100135 - RISK MANAGEMENT - GENERAL	0.69	1.00	1.00	0.00	1.00
TOTAL PROGRAM PARENT L1 FUNDS	0.69	1.00	1.00	0.00	1.00
AMP030 - EXECUTIVE ADMINISTRATION					
100151 - EXECUTIVE ADMINISTRATION	7.70	10.00	10.00	0.00	10.00

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025		Committee's FY 2025 Recommendation
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TOTAL PROGRAM PARENT L1 FUNDS	7.70	10.00	10.00	0.00	10.00
H00401 - CANCER AND CHRONIC DISEASE PREVENTION					
700023 - CANCER AND CHRONIC DISEASE PREVENTION	25.45	28.50	34.50	0.00	34.50
TOTAL PROGRAM PARENT L1 FUNDS	25.45	28.50	34.50	0.00	34.50
H00403 - COMMUNITY OF HEALTH SUPPORT SERVICES					
700329 - COMMUNITY OF HEALTH SUPPORT SERVICES	18.07	23.50	28.05	0.00	28.05
TOTAL PROGRAM PARENT L1 FUNDS	18.07	23.50	28.05	0.00	28.05
H00405 - FAMILY HEALTH					
700026 - FAMILY HEALTH	30.04	28.25	30.18	2.00	32.18
TOTAL PROGRAM PARENT L1 FUNDS	30.04	28.25	30.18	2.00	32.18
H00406 - HEALTH CARE ACCESS					
700027 - HEALTH CARE ACCESS	27.95	54.00	52.37	0.00	52.37
TOTAL PROGRAM PARENT L1 FUNDS	27.95	54.00	52.37	0.00	52.37
H00407 - NUTRITION AND PHYSICAL FITNESS					
700028 - NUTRITION AND PHYSICAL FITNESS	13.11	19.00	20.00	0.00	20.00
TOTAL PROGRAM PARENT L1 FUNDS	13.11	19.00	20.00	0.00	20.00
H00408 - PERINATAL AND INFANT HEALTH					
700029 - PERINATAL AND INFANT HEALTH	0.96	2.75	2.75	0.00	2.75
TOTAL PROGRAM PARENT L1 FUNDS	0.96	2.75	2.75	0.00	2.75
H00409 - PCPA SUPPORT SERVICES					
700336 - PCPA SUPPORT SERVICES	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H00601 - FOOD, DRUG, RADIATION, AND COMMUNITY HYGIENE					
700031 - FOOD, DRUG, RADIATION, AND COMMUNITY HYGIENE	60.08	51.82	57.95	0.00	57.95
TOTAL PROGRAM PARENT L1 FUNDS	60.08	51.82	57.95	0.00	57.95
H00701 - COMMUNITY BASED PARTNERSHIP, RESEARCH AND POLICY EVALUATION					
700032 - COMMUNITY BASED PARTNERSHIP, RESEARCH AND POLICY	1.38	2.00	2.00	0.00	2.00
TOTAL PROGRAM PARENT L1 FUNDS	1.38	2.00	2.00	0.00	2.00
H00702 - HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION					
700033 - HEALTH EQUITY PRACTICE AND PROGRAM IMPLEMENTATION	0.69	1.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.69	1.00	0.00	0.00	0.00
H00703 - MULTI SECTOR COLLABORATION					
700034 - MULTI SECTOR COLLABORATION	2.29	4.00	4.00	0.00	4.00
TOTAL PROGRAM PARENT L1 FUNDS	2.29	4.00	4.00	0.00	4.00
H00801 - DIRECT CARE SERVICES FOR TUBERCULOSIS					
700331 - DIRECT CARE SERVICES FOR TUBERCULOSIS	6.16	9.20	11.27	0.00	11.27
TOTAL PROGRAM PARENT L1 FUNDS	6.16	9.20	11.27	0.00	11.27
H00802 - DRUG ASSISTANCE					
700035 - DRUG ASSISTANCE	14.17	12.90	10.50	0.00	10.50
TOTAL PROGRAM PARENT L1 FUNDS	14.17	12.90	10.50	0.00	10.50
H00803 - GRANTS AND CONTRACTS MANAGEMENT					
700036 - GRANTS AND CONTRACTS MANAGEMENT	6.05	13.88	11.66	0.00	11.66
TOTAL PROGRAM PARENT L1 FUNDS	6.05	13.88	11.66	0.00	11.66
H00804 - HIV HEALTH AND SUPPORT SERVICES					
700037 - HIV HEALTH AND SUPPORT SERVICES	61.16	35.12	33.71	0.00	33.71
TOTAL PROGRAM PARENT L1 FUNDS	61.16	35.12	33.71	0.00	33.71
H00805 - HIV/AIDS DATA AND RESEARCH					
700038 - HIV/AIDS DATA AND RESEARCH	11.67	15.80	13.85	0.00	13.85
TOTAL PROGRAM PARENT L1 FUNDS	11.67	15.80	13.85	0.00	13.85
H00806 - HIV/AIDS HOUSING AND SUPPORTIVE SERVICES					
700039 - HIV/AIDS HOUSING AND SUPPORTIVE SERVICES	2.83	4.00	7.70	0.00	7.70
TOTAL PROGRAM PARENT L1 FUNDS	2.83	4.00	7.70	0.00	7.70
H00807 - HIV/AIDS POLICY AND PLANNING					
700040 - HIV/AIDS POLICY AND PLANNING	16.62	23.00	28.38	0.00	28.38
TOTAL PROGRAM PARENT L1 FUNDS	16.62	23.00	28.38	0.00	28.38
H00808 - PREVENTION AND INTERVENTION SERVICES					

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025		Committee's FY 2025	
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700041 - PREVENTION AND INTERVENTION SERVICES	20.07	18.20	20.21	0.00	20.21	
TOTAL PROGRAM PARENT L1 FUNDS	20.07	18.20	20.21	0.00	20.21	
H00809 - STD CONTROL						
700042 - STD CONTROL	17.08	19.70	24.10	0.00	24.10	
TOTAL PROGRAM PARENT L1 FUNDS	17.08	19.70	24.10	0.00	24.10	
H00902 - PUBLIC HEALTH EMERGENCY OPERATIONS AND PROGRAM SUPPORT						
700045 - PUBLIC HEALTH EMERGENCY OPERATIONS AND PROGRAM	16.92	29.34	28.44	0.00	28.44	
TOTAL PROGRAM PARENT L1 FUNDS	16.92	29.34	28.44	0.00	28.44	
H00903 - PUBLIC HEALTH EMERGENCY PREPAREDNESS						
700046 - PUBLIC HEALTH EMERGENCY PREPAREDNESS	5.14	2.85	3.45	0.00	3.45	
TOTAL PROGRAM PARENT L1 FUNDS	5.14	2.85	3.45	0.00	3.45	
H01101 - HEALTH CARE FACILITIES REGULATION						
700048 - HEALTH CARE FACILITIES REGULATION	49.82	54.90	49.81	0.00	49.81	
TOTAL PROGRAM PARENT L1 FUNDS	49.82	54.90	49.81	0.00	49.81	
H01201 - HEALTH LICENSING						
700049 - HEALTH LICENSING	74.65	77.62	82.37	0.00	82.37	
TOTAL PROGRAM PARENT L1 FUNDS	74.65	77.62	82.37	0.00	82.37	
H01301 - EMERGENCY MEDICAL SERVICES REGULATION						
700050 - EMERGENCY MEDICAL SERVICES REGULATION	2.04	0.11	0.11	1.00	1.11	
TOTAL PROGRAM PARENT L1 FUNDS	2.04	0.11	0.11	1.00	1.11	
H01401 - EPIDEMIOLOGIC STUDIES AND OUTBREAK INVESTIGATION						
700051 - EPIDEMIOLOGIC STUDIES AND OUTBREAK INVESTIGATION	1.71	9.78	12.38	0.00	12.38	
TOTAL PROGRAM PARENT L1 FUNDS	1.71	9.78	12.38	0.00	12.38	
H01501 - DEVELOPMENT OF THE STATE HEALTH PLAN AND ANNUAL IMPLEMENTATION						
700052 - DEVELOPMENT OF THE STATE HEALTH PLAN AND ANNUAL IM	9.54	9.50	9.50	0.00	9.50	
TOTAL PROGRAM PARENT L1 FUNDS	9.54	9.50	9.50	0.00	9.50	
H01601 - BIRTH AND DEATH RECORD COLLECTION, PROCESSING, ANALYZING AND DISSEMINATION						
700054 - BIRTH AND DEATH RECORD COLLECTION, PROCESSING, AI	37.00	105.12	115.68	0.00	115.68	
TOTAL PROGRAM PARENT L1 FUNDS	37.00	105.12	115.68	0.00	115.68	
PRG001 - NO PROGRAM						
000000 - NO PROGRAM	0.00	0.00	0.00	0.00	0.00	
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00	
TOTAL AGENCY FUNDS	612.45	765.84	810.92	3.00	813.92	
Department of Health Care Finance						
AFO002 - AGENCY ACCOUNTING SERVICES						
150002 - AGENCY ACCOUNTING SERVICES	7.22	9.00	10.00	0.00	10.00	
TOTAL PROGRAM PARENT L1 FUNDS	7.22	9.00	10.00	0.00	10.00	
AFO003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES						
150003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVIC	4.81	6.00	6.00	0.00	6.00	
TOTAL PROGRAM PARENT L1 FUNDS	4.81	6.00	6.00	0.00	6.00	
AFO005 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION SERVICES						
150001 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION	1.61	2.00	2.00	0.00	2.00	
TOTAL PROGRAM PARENT L1 FUNDS	1.61	2.00	2.00	0.00	2.00	
AFO010 - PAYROLL DEFAULT						
150011 - PAYROLL DEFAULT	0.00	0.00	0.00	0.00	0.00	
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00	
AFO011 - P-CARD CLEARING						
150012 - P-CARD CLEARING	0.00	0.00	0.00	0.00	0.00	
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00	
AMP003 - COMMUNICATIONS						
100003 - COMMUNICATIONS - GENERAL	4.01	5.00	0.00	0.00	0.00	
100007 - LANGUAGE ACCESS	0.00	0.00	0.00	0.00	0.00	
TOTAL PROGRAM PARENT L1 FUNDS	4.01	5.00	0.00	0.00	0.00	
AMP005 - CONTRACTING AND PROCUREMENT						
100022 - CONTRACTING AND PROCUREMENT - GENERAL	12.03	13.00	13.00	0.00	13.00	
100026 - CONTRACTS REPORTING	0.00	0.00	1.00	0.00	1.00	
TOTAL PROGRAM PARENT L1 FUNDS	12.03	13.00	14.00	0.00	14.00	

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
AMP006 - CUSTOMER SERVICE					
100028 - CUSTOMER SERVICE - GENERAL	20.42	23.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	20.42	23.00	0.00	0.00	0.00
AMP010 - GRANTS ADMINISTRATION					
100045 - GRANTS MANAGEMENT OVERSIGHT	2.26	4.00	0.00	0.00	0.00
100047 - SUB-GRANT ADMINISTRATION	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	2.26	4.00	0.00	0.00	0.00
AMP011 - HUMAN RESOURCE SERVICES					
100058 - HUMAN RESOURCE SERVICES - GENERAL	9.63	10.00	8.00	0.00	8.00
TOTAL PROGRAM PARENT L1 FUNDS	9.63	10.00	8.00	0.00	8.00
AMP012 - INFORMATION TECHNOLOGY SERVICES					
100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	0.00	0.00	1.00	0.00	1.00
100072 - INTERNAL SUPPORT	5.10	7.60	13.87	0.00	13.87
100076 - IT SECURITY	0.00	0.00	3.00	0.00	3.00
TOTAL PROGRAM PARENT L1 FUNDS	5.10	7.60	17.87	0.00	17.87
AMP014 - LEGAL SERVICES					
100092 - LEGAL SERVICES - GENERAL	7.94	9.06	8.85	0.00	8.85
TOTAL PROGRAM PARENT L1 FUNDS	7.94	9.06	8.85	0.00	8.85
AMP019 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT					
100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	4.81	16.25	6.00	0.00	6.00
TOTAL PROGRAM PARENT L1 FUNDS	4.81	16.25	6.00	0.00	6.00
AMP021 - RATES, REIMBURSEMENT, FINANCIAL ANALYSIS					
100122 - FINANCE SERVICES	11.86	16.35	0.00	0.00	0.00
100123 - REIMBURSEMENT SERVICES	0.86	1.65	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	12.72	18.00	0.00	0.00	0.00
AMP026 - TRAINING AND DEVELOPMENT					
100147 - SPECIAL PROGRAMS	0.00	0.00	0.00	0.00	0.00
100148 - TRAINING AND DEVELOPMENT - GENERAL	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
AMP030 - EXECUTIVE ADMINISTRATION					
100151 - EXECUTIVE ADMINISTRATION	1.61	7.00	9.00	0.00	9.00
TOTAL PROGRAM PARENT L1 FUNDS	1.61	7.00	9.00	0.00	9.00
AMP037 - SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR					
100180 - SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR	0.00	0.00	14.00	0.00	14.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	14.00	0.00	14.00
AMP038 - SENIOR DEPUTY DIRECTOR/FINANCE					
100181 - SENIOR DEPUTY DIRECTOR/FINANCE	0.00	0.00	20.00	0.00	20.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	20.00	0.00	20.00
AMP039 - CHIEF OPERATING OFFICE					
100182 - CHIEF OPERATING OFFICE	0.00	0.00	8.00	0.00	8.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	8.00	0.00	8.00
AMP040 - DATA ANALYTICS AND RESEARCH ADMINISTRATION					
100183 - DATA ANALYTICS AND RESEARCH ADMINISTRATION	0.00	0.00	11.00	0.00	11.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	11.00	0.00	11.00
AMP041 - PROGRAM INTEGRITY					
100184 - PROGRAM INTEGRITY	0.00	0.00	33.00	0.00	33.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	33.00	0.00	33.00
AMP042 - HEALTH CARE OMBUDSMAN					
100185 - HEALTH CARE OMBUDSMAN	0.00	0.00	24.00	0.00	24.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	24.00	0.00	24.00
AMP043 - HEALTH CARE DELIVERY MGT SUPPORT SVCS					
100186 - HEALTH CARE DELIVERY MGT SUPPORT SVCS	0.00	0.00	9.00	0.00	9.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	9.00	0.00	9.00
AMP044 - MANAGED CARE MGT					
100187 - MANAGED CARE MGT	0.00	0.00	7.00	0.00	7.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	7.00	0.00	7.00
AMP045 - CHILDREN'S HEALTH SERVICES					

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100188 - CHILDREN'S HEALTH SERVICES	0.00	0.00	4.00	0.00	4.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	4.00	0.00	4.00
AMP046 - HEALTH CARE QUALITY AND HEALTH OUTCOMES					
100189 - HEALTH CARE QUALITY AND HEALTH OUTCOMES	0.00	0.00	7.00	0.00	7.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	7.00	0.00	7.00
AMP047 - CLINICIANS, RX AND ACUTE CARE					
100190 - CLINICIANS, RX AND ACUTE CARE	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
AMP048 - LONG TERM CARE SUPPORT SERVICES					
100191 - LONG TERM CARE SUPPORT SERVICES	0.00	0.00	6.00	0.00	6.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	6.00	0.00	6.00
AMP049 - OVERSIGHT					
100192 - OVERSIGHT	0.00	0.00	17.00	0.00	17.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	17.00	0.00	17.00
AMP050 - OPERATIONS					
100193 - OPERATIONS	0.00	0.00	17.00	0.00	17.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	17.00	0.00	17.00
AMP051 - INTAKE AND ASSESSMENT					
100194 - INTAKE AND ASSESSMENT	0.00	0.00	6.00	0.00	6.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	6.00	0.00	6.00
AMP052 - HEALTH CARE POLICY					
100195 - HEALTH CARE POLICY	0.00	0.00	7.00	0.00	7.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	7.00	0.00	7.00
AMP053 - HEALTH CARE POLICY AND RESEARCH SUPPORT SERVICES					
100196 - HEALTH CARE POLICY AND RESEARCH SUPPORT SERVICES	0.00	0.00	3.00	0.00	3.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	3.00	0.00	3.00
AMP054 - ELIGIBILITY POLICY & OVERSIGHT					
100197 - ELIGIBILITY POLICY & OVERSIGHT	0.00	0.00	29.00	0.00	29.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	29.00	0.00	29.00
AMP055 - DCAS PROGRAM MANAGEMENT					
100198 - DCAS PROGRAM MANAGEMENT	0.00	0.00	4.33	0.00	4.33
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	4.33	0.00	4.33
AMP056 - DCAS PROJECT MANAGEMENT					
100199 - DCAS PROJECT MANAGEMENT	0.00	0.00	6.92	0.00	6.92
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	6.92	0.00	6.92
AMP057 - DCAS HHS FUNCTIONAL					
100200 - DCAS HHS FUNCTIONAL	0.00	0.00	6.06	0.00	6.06
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	6.06	0.00	6.06
AMP058 - DCAS ORGANIZATIONAL CHANGE MANAGEMENT					
100201 - DCAS ORGANIZATIONAL CHANGE MANAGEMENT	0.00	0.00	6.92	0.00	6.92
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	6.92	0.00	6.92
AMP059 - DCAS INFORMATION TECHNOLOGY					
100202 - DCAS INFORMATION TECHNOLOGY	0.00	0.00	6.92	0.00	6.92
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	6.92	0.00	6.92
AMP060 - CLAIMS MANAGEMENT					
100203 - CLAIMS MANAGEMENT	0.00	0.00	14.00	0.00	14.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	14.00	0.00	14.00
AMP061 - HCOA SUPPORT SERVICES					
100204 - HCOA SUPPORT SERVICES	0.00	0.00	3.00	0.00	3.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	3.00	0.00	3.00
AMP062 - PUBLIC AND PRIVATE PROVIDER SERVICES					
100205 - PUBLIC AND PRIVATE PROVIDER SERVICES	0.00	0.00	9.00	0.00	9.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	9.00	0.00	9.00
AMP063 - HC REFORM AND INNOVATIVE SUPPORT SVS					
100206 - HC REFORM AND INNOVATIVE SUPPORT SVS	0.00	0.00	3.00	0.00	3.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	3.00	0.00	3.00

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
AMP064 - GRANTS ADMINISTRATION FUNCTION					
100207 - GRANTS ADMINISTRATION FUNCTION	0.00	0.00	3.00	0.00	3.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	3.00	0.00	3.00
AMP065 - HIE: HEALTH INFORMATION EXCHANGE					
100208 - HIE: HEALTH INFORMATION EXCHANGE	0.00	0.00	7.00	0.00	7.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	7.00	0.00	7.00
H02301 - E & E SYSTEMS					
700079 - E & E SYSTEMS	21.84	17.25	1.07	0.00	1.07
TOTAL PROGRAM PARENT L1 FUNDS	21.84	17.25	1.07	0.00	1.07
H02302 - E&E OVERSIGHT & MANAGEMENT					
700080 - E&E OVERSIGHT & MANAGEMENT	13.63	10.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	13.63	10.00	0.00	0.00	0.00
H02305 - E&E SUPPORT - PMO/SME - DCAS					
700083 - E&E SUPPORT - PMO/SME - DCAS	32.65	16.69	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	32.65	16.69	0.00	0.00	0.00
H02401 - HEALTH CARE AGENCY MONITORING AND KPIS					
700084 - HEALTH CARE AGENCY MONITORING AND KPIS	7.17	9.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	7.17	9.00	0.00	0.00	0.00
H02402 - HEALTH CARE DATA ANALYTICS					
700085 - HEALTH CARE DATA ANALYTICS	10.42	9.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	10.42	9.00	0.00	0.00	0.00
H02403 - HEALTH CARE INNOVATION					
700086 - HEALTH CARE INNOVATION	6.77	8.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	6.77	8.00	0.00	0.00	0.00
H02501 - CLAIMS PROCESSING & QUALITY ASSURANCE/CONTROL					
700087 - CLAIMS PROCESSING & QUALITY ASSURANCE/CONTROL	13.48	17.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	13.48	17.00	0.00	0.00	0.00
H02601 - ASSESSMENTS AND CARE COORDINATION					
700090 - ASSESSMENTS AND CARE COORDINATION	6.26	8.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	6.26	8.00	0.00	0.00	0.00
H02602 - FRAUD, WASTE, AND ABUSE					
700091 - FRAUD, WASTE, AND ABUSE	23.05	28.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	23.05	28.00	0.00	0.00	0.00
H02603 - POLICY					
700092 - POLICY	7.22	31.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	7.22	31.00	0.00	0.00	0.00
H02604 - PROVIDER OVERSIGHT					
700093 - PROVIDER OVERSIGHT	51.76	63.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	51.76	63.00	0.00	0.00	0.00
H02605 - QUALITY & HEALTH OUTCOMES					
700094 - QUALITY & HEALTH OUTCOMES	9.34	13.00	3.15	0.00	3.15
TOTAL PROGRAM PARENT L1 FUNDS	9.34	13.00	3.15	0.00	3.15
H02703 - 1115/1915 - MEDICAID					
700097 - 1115/1915 - MEDICAID	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H02704 - FFS - CHILDLESS ADULTS (GROUP 8)					
700098 - FFS - CHILDLESS ADULTS (GROUP 8)	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H02705 - FFS - CHIP					
700099 - FFS - CHIP	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H02706 - FFS - MEDICAID					
700100 - FFS - MEDICAID	1.39	1.85	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	1.39	1.85	0.00	0.00	0.00
H02707 - MCO - ALLIANCE					
700101 - MCO - ALLIANCE	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
H02708 - MCO - CHILDLESS ADULTS (GROUP 8)					
700102 - MCO - CHILDLESS ADULTS (GROUP 8)	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H02709 - MCO - CHIP					
700103 - MCO - CHIP	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H02710 - MCO - IMMIGRANT CHILDREN					
700104 - MCO - IMMIGRANT CHILDREN	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H02711 - MCO - MEDICAID					
700105 - MCO - MEDICAID	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H02712 - MCO - WAIVER					
700340 - MCO - WAIVER	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H02713 - HCBS ARPA INITIATIVE					
700344 - HCBS ARPA INITIATIVE	0.00	4.95	0.00	0.00	0.00
700347 - HCBS ARPA PROVIDER PAYMENTS	0.00	0.00	0.00	0.00	0.00
700348 - HCBS ARPA ENHANCED WAGE SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00
700349 - HCBS ARPA WORKFORCE INCENTIVES AND PROVIDER REIM	0.00	0.00	0.00	0.00	0.00
700350 - HCBS ARPA INITIATIVES (DDS)	0.00	0.00	0.00	0.00	0.00
700352 - HCBS ARPA EXPANSION OF SERVICE AND ACCESS	0.00	0.00	0.00	0.00	0.00
700353 - HCBS ARPA QUALITY OVERSIGHT & PROVIDER CAPACITY	0.00	0.00	0.00	0.00	0.00
700355 - HCBS ARPA INITIATIVES (DHCF)	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	4.95	0.00	0.00	0.00
TOTAL AGENCY FUNDS	299.15	366.65	378.09	0.00	378.09
Health Benefit Exchange Authority					
AFO002 - AGENCY ACCOUNTING SERVICES					
150002 - AGENCY ACCOUNTING SERVICES	0.95	1.00	1.00	0.00	1.00
TOTAL PROGRAM PARENT L1 FUNDS	0.95	1.00	1.00	0.00	1.00
AFO003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES					
150003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVIC	0.95	1.00	1.00	0.00	1.00
TOTAL PROGRAM PARENT L1 FUNDS	0.95	1.00	1.00	0.00	1.00
AFO005 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION SERVICES					
150001 - AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION	0.95	1.00	1.00	0.00	1.00
TOTAL PROGRAM PARENT L1 FUNDS	0.95	1.00	1.00	0.00	1.00
AFO011 - P-CARD CLEARING					
150012 - P-CARD CLEARING	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
AMP005 - CONTRACTING AND PROCUREMENT					
100022 - CONTRACTING AND PROCUREMENT - GENERAL	3.78	4.00	4.00	0.00	4.00
TOTAL PROGRAM PARENT L1 FUNDS	3.78	4.00	4.00	0.00	4.00
AMP011 - HUMAN RESOURCE SERVICES					
100058 - HUMAN RESOURCE SERVICES - GENERAL	0.95	1.00	1.00	0.00	1.00
TOTAL PROGRAM PARENT L1 FUNDS	0.95	1.00	1.00	0.00	1.00
AMP012 - INFORMATION TECHNOLOGY SERVICES					
100076 - IT SECURITY	0.95	1.00	1.00	0.00	1.00
100080 - OPERATIONS, MAINTENANCE, AND DEVELOPMENT	32.17	35.00	35.00	0.00	35.00
TOTAL PROGRAM PARENT L1 FUNDS	33.12	36.00	36.00	0.00	36.00
AMP014 - LEGAL SERVICES					
100092 - LEGAL SERVICES - GENERAL	4.73	6.00	6.00	0.00	6.00
TOTAL PROGRAM PARENT L1 FUNDS	4.73	6.00	6.00	0.00	6.00
AMP016 - PERFORMANCE AND STRATEGIC MANAGEMENT					
100154 - PERFORMANCE AND STRATEGIC MANAGEMENT	7.57	9.00	9.00	0.00	9.00
TOTAL PROGRAM PARENT L1 FUNDS	7.57	9.00	9.00	0.00	9.00
AMP019 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT					
100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERA	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00

Program	FY 2023 Actuals	FY 2024 Approved	Mayor's FY 2025 Proposed	Committee Variance	Committee's FY 2025 Recommendation
H01901 - CONSUMER EDUCATION AND OUTREACH SUPPORT SERVICES					
700059 - CONSUMER EDUCATION AND OUTREACH SUPPORT SERVIC	5.68	6.00	6.00	0.00	6.00
TOTAL PROGRAM PARENT L1 FUNDS	5.68	6.00	6.00	0.00	6.00
H01902 - MARKETING AND COMMUNICATION					
700060 - MARKETING AND COMMUNICATION	0.95	1.00	1.00	0.00	1.00
TOTAL PROGRAM PARENT L1 FUNDS	0.95	1.00	1.00	0.00	1.00
H01903 - NAVIGATORS, CERTIFIED APPLICATION COUNSELORS AND IN-PERSON ENROLLMENT HELP					
700061 - NAVIGATORS, CERTIFIED APPLICATION COUNSELORS AND I	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H02001 - CONTACT CENTER SERVICES					
700062 - CONTACT CENTER SERVICES	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H02002 - DATA ANALYTICS AND REPORTING					
700063 - DATA ANALYTICS AND REPORTING	0.95	1.00	1.00	0.00	1.00
TOTAL PROGRAM PARENT L1 FUNDS	0.95	1.00	1.00	0.00	1.00
H02003 - ELIGIBILITY AND ENROLLMENT					
700064 - ELIGIBILITY AND ENROLLMENT	4.73	8.00	8.00	0.00	8.00
TOTAL PROGRAM PARENT L1 FUNDS	4.73	8.00	8.00	0.00	8.00
H02004 - MEMBER SERVICES					
700065 - MEMBER SERVICES	11.82	12.50	12.50	0.00	12.50
TOTAL PROGRAM PARENT L1 FUNDS	11.82	12.50	12.50	0.00	12.50
H02005 - PLAN MANAGEMENT					
700066 - PLAN MANAGEMENT	10.88	10.50	10.50	0.00	10.50
TOTAL PROGRAM PARENT L1 FUNDS	10.88	10.50	10.50	0.00	10.50
H02006 - S.H.O.P.					
700067 - S.H.O.P.	22.71	25.00	30.00	0.00	30.00
TOTAL PROGRAM PARENT L1 FUNDS	22.71	25.00	30.00	0.00	30.00
PRG001 - NO PROGRAM					
000000 - NO PROGRAM	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
TOTAL AGENCY FUNDS	110.72	123.00	128.00	0.00	128.00
Not-for-Profit Hospital Corporation					
C02001 - NOT FOR PROFIT HOSPITAL CORP SUBSIDY					
200147 - NOT FOR PROFIT HOSPITAL CORP SUBSIDY	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
TOTAL AGENCY FUNDS	0.00	0.00	0.00	0.00	0.00
Not-for-Profit Hospital Corporation Subsidy					
C02101 - NOT FOR PROFIT HOSPITAL CORP SUBSIDY FUNDING					
200148 - NOT FOR PROFIT HOSPITAL CORP SUBSIDY FUNDING	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
TOTAL AGENCY FUNDS	0.00	0.00	0.00	0.00	0.00
Office of the Deputy Mayor for Health and Human Services					
AMP030 - EXECUTIVE ADMINISTRATION					
100151 - EXECUTIVE ADMINISTRATION	11.75	12.75	12.75	0.00	12.75
TOTAL PROGRAM PARENT L1 FUNDS	11.75	12.75	12.75	0.00	12.75
H01701 - AGENCY OVERSIGHT AND SUPPORT SERVICES					
700055 - AGENCY OVERSIGHT AND SUPPORT SERVICES	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
H01702 - COMMUNITY ENGAGEMENT SERVICES					
700056 - COMMUNITY ENGAGEMENT SERVICES	0.00	0.00	0.00	0.00	0.00
TOTAL PROGRAM PARENT L1 FUNDS	0.00	0.00	0.00	0.00	0.00
TOTAL AGENCY FUNDS	11.75	12.75	12.75	0.00	12.75
GRAND TOTAL	6,881,381,140.42	6,915,098,811.06	7,704,622,821.61	2,535,206.20	7,707,158,027.81

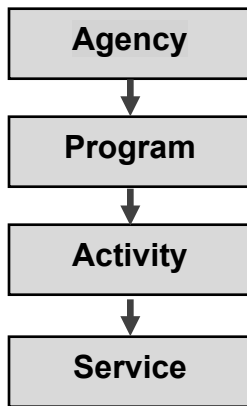
Our Budget has a New Look

The District recently updated its financial system to DIFS (District Integrated Financial System). With this new system come some changes in the way our budget is organized and reported relative to the legacy SOAR system. Agency budgets continue to be presented by program attributes, but now they are also grouped by cost center. Fund designations are similar, but instead of Comp Source Group, personnel and non-personnel budgets are subdivided by account attributes. The titles of most budget lines will be familiar to those who have reviewed prior budgets, but attribute codes will be different. Some agency budget structures have been modified to standardize agency budgets or more accurately reflect agency operations.

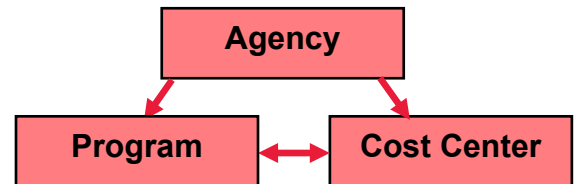
Below is a comparison of old and new attribute groups, and on the back are some agency programs presented with the old SOAR and new DIFS attributes. Please note that the titles of and codes for agencies themselves have not changed between SOAR and DIFS.

DIFS Program and Cost Center

In previous budget cycles, there was a one-to-one, linear relationship between each budget attribute:



In the new DIFS structure the budget can be viewed linearly by Program or Cost Center. The budget can also be viewed by both attributes, which have a many-to-many relationship:



The Program is the agency function the funds are spent on, and the Cost Center is the unit that controls the funds. This new system allows for more clarity on how much initiatives cost if multiple offices or agencies are involved in the work.

DIFS Funds replace SOAR Appropriation Fund/Fund Detail

DIFS Fund values denote the revenue source of the funds being budgeted. DIFS Fund values are always 7 digits long, with the first 4 digits denoting the classification of the funds (the “appropriation” type) and the remaining 3 digits indicating the exact fund.

Sample Funds (SOAR Approp Fund vs. DIFS Fund)

0100 is now 1010### Local Fund
0110 is now 1011### Dedicated Taxes
0600 is now 1060### Special Purpose Revenue Funds
0150 is now 4015### Federal Payments

DIFS Accounts replace SOAR Comptroller Source Groups (CSGs)

The DIFS Account designates what the funds are being used to purchase. This provides the same information as Comp Source Groups (CSGs) in previous budget cycles. Accounts starting with “70” designate Personal Services spending. Accounts starting with “71” designate Non-Personal Services spending. Accounts are always 7 digits long.

Sample Accounts (SOAR CSG vs. DIFS Account)

CSG 11 is now 7011###: Continuing Full Time
CSG 12 is now 7012###: Continuing Full Time – Other
CSG 14 is now 7014###: Fringe Benefits
CSG 20 is now 7111###: Supplies & Materials
CSG 40 is now 7131###: Other Services
CSG 41 is now 7132###: Contractual Services – Other
CSG 50 is now 7141###: Gov’t Subsidies & Grant

SOAR and DIFS Attribute Crosswalk

Financial Attribute Field Name	Crosswalk Example 1	Crosswalk Example 2
Agency Name	Department of Human Services	District Department of Transportation
Agency Code	JA0	KA0
SOAR Appropriation Fund	0100 – Local Fund	0200 – Federal Grant Fund
SOAR Fund Detail	0100 – Local Funds	8200 – Federal Grants
DIFS Fund	1010001 – Local Funds	4020002 – Federal Grants
SOAR Program	2000 – Economic Security Administration	PD00 – Project Delivery Administration
SOAR Activity	2030 – Case Management	TDDV – Transit Delivery Division
DIFS Program (Parent Lvl 2)	HS0029 – Economic Security Services	GS0004 – Transit Operations
DIFS Program (Parent Lvl 1)	H02902 – Case Management	G00403 – Pedestrian and Bicycle Programs
DIFS Cost Center (Parent Lvl 2)	HS038 – Economic Security Administration	GS006 – Project Delivery Administration
DIFS Cost Center (Parent Lvl 1)	H3801 – Division of Program Operations (DPO)	G0602 – Transit Delivery Division
SOAR Comp Source Group	0011 – Regular Pay-Cont Full Time	0040 – Other Services and Charges
SOAR Comp Object	0111 – Regular Pay-Cont Full Time	0408 – Prof Service Fees and Contr
DIFS Account (Parent Lvl 1)	701100C – Continuing Full Time	713100C – Other Services & Charges
DIFS Account	7011001 – Continuing Full Time	7131009 – Prof Service Fees & Contr

Sample Agency Programs Presented with SOAR and DIFS Attributes

SOAR PROGRAM		DIFS PROGRAM (PARENT LVL 2)		SOAR ACTIVITY		DIFS PROGRAM (PARENT LVL 1)		BUDGET AMOUNT
JA0-Department of Human Services								
2000	ECONOMIC SECURITY ADMINISTRATION	HS0029	ECONOMIC SECURITY SERVICES	2030	CASE MANAGEMENT	H02902	CASE MANAGEMENT	43,717,563
				2020	TEMPORARY ASST TO NEEDY FAMILIES (TANF)	H02905	ELIGIBILITY DETERMINATION SERVICES	464,700
						H02909	TEMPORARY ASST TO NEEDY FAMILIES (TANF)	1,485,000
				2040	ELIGIBILITY DETERMINATION SERVICES	H02905	ELIGIBILITY DETERMINATION SERVICES	90,790,937
				2011	BURIAL ASSISTANCE	H02901	BURIAL ASSISTANCE	438,231
				2013	INTERIM DISABILITY ASSISTANCE	H02906	INTERIM DISABILITY ASSISTANCE	3,241,432
				2021	CASH ASSISTANCE (TANF)	H02903	CASH ASSISTANCE (TANF)	92,020,724
				2055	MONITORING AND QUALITY ASSURANCE	H02905	ELIGIBILITY DETERMINATION SERVICES	182,202
						H02908	MONITORING AND QUALITY ASSURANCE	7,585,813
				2024	SUPPLEMENTAL FOOD ASSISTANCE	H02911	SUPPLEMENTAL FOOD ASSISTANCE	1,155,000
				2012	GENERAL ASSISTANCE FOR CHILDREN	H02910	GENERAL ASSISTANCE FOR CHILDREN	725,094
				2022	JOB OPPORTUNITY AND TRAINING (TANF)	H02907	JOB OPPORTUNITY AND TRAINING (TANF)	34,707,721
				2065	EARLY EDUCATION SUBSIDY TRANSFER	H02904	EARLY EDUCATION SUBSIDY TRANSFER	24,049,214
KA0-District Department of Transportation								
PD00	PROJECT DELIVERY ADMINISTRATION	GS0004	TRANSIT OPERATIONS	PSDV	PLANNING AND SUSTAINABILITY	G00403	PEDESTRIAN AND BICYCLE PROGRAMS	7,200,000
				TDDV	TRANSIT DELIVERY DIVISION	G00401	CIRCULATOR	1,700,000
						G00402	MASS TRANSIT	1,153,023
						G00403	PEDESTRIAN AND BICYCLE PROGRAMS	40,890,124
						G00404	STREETCAR	9,960,017

**ATTACHMENT
F**

1 **TITLE IV, SUBTITLE B. HEALTHY SCHOOLS FUND**

2 Sec. 4011. Short title.

3 This subtitle may be cited as the “Healthy Schools Fund Amendment Act of 2024”.

4 Sec. 4012. ~~Section 102 of the~~ The Healthy Schools Act of 2010, effective July 27, 2010
5 (D.C. Law 18-209; D.C. Official Code 38-821.02-01-~~et seq.~~), is amended as follows:

6 (a) Section 101(1G) is repealed.

7 (b) Section 102 is amended to read as follows:

8 (1) The section heading is amended to read as follows:

9 “Sec. 102. Healthy school meal subsidies and healthy school grants.”

10 ~~(b)~~ (2) Subsections (a) and (b) are repealed.

11 ~~(c)~~ (3) Subsection (c) is amended as follows:

12 ~~(4)~~ (A) The lead-in text language is amended to read as follows: ~~by striking the~~
13 ~~phrase “The funds in the Fund shall be used as follows:”~~

14 “(c) In Fiscal Year 2025, \$5,690,000 in local funds shall be used as follows:”.

15 ~~(2)~~ (B) Paragraph (7) is amended by striking the phrase “~~shall make grants~~
16 ~~available,~~ subject to the availability of funds in the Fund,” and inserting the phrase “~~may issue~~

17 ~~grants~~ subject to the availability of funds,” in its place.

18 ~~(3)~~ (C) Paragraph (9) is amended by striking the phrase “~~shall make grants~~

19 ~~available,~~ subject to the availability of funds in the Fund,” and inserting the phrase “~~may issue~~

20 ~~grants~~ subject to the availability of funds,” in its place.
21
22 (d) Subsections (f) and (g) are repealed.

1 **TITLE V, SUBTITLE A. DIRECT CARE PROFESSIONAL PAYMENT RATES**

2 Sec. 5001. Short title.

3 This subtitle may be cited as the “Direct Care Professional Payment Rate Amendment
4 Act of 2024”.

5 Sec. 5002. The Direct Support Professional Payment Rate Act of 2020, effective April
6 16, 2020 (D.C. Law 23-77; D.C. Official Code § 4-2001 *et seq.*), is amended as follows:

7 (a) Section 3 (D.C. Official Code § 4-2002) is amended as follows:

8 (1) Subsection (a) is amended by striking the phrase “By Fiscal Year 2025” and
9 inserting the phrase “By Fiscal Year 2026” in its place.

10 (2) A new subsection (a-1) is added to read as follows:

11 “(a-1) In Fiscal Year 2025, the Mayor shall provide a supplemental payment from the
12 Home and Community-Based Services Enhancement Fund established pursuant to section 8d of
13 the Department of Health Care Finance Establishment Act of 2007, effective September 21, 2022
14 (D.C. Law 24-167; D.C. Official Code § 7-771.07d), to direct care service providers for the
15 purpose of supporting payments to direct care professionals of a wage that, on average, is equal
16 to at least the greater of either 117.6% of the District minimum wage pursuant to section 4 of the
17 Minimum Wage Act Revision Act of 1992, effective March 25, 1993 (D.C. Law 9-248; D.C.
18 Official Code § 32-1003), or 117.6% of the District living wage pursuant to the Living Wage Act
19 of 2006, effective June 8, 2006 (D.C. Law 16-118; D.C. Official Code § 2-220.01 *et seq.*)”.

20 (b) Section 5 (D.C. Official Code § 4-2004) is amended as follows:

21 (1) Subsection (b) is amended by striking the phrase “During Fiscal Year 2025”
22 and inserting the phrase “During Fiscal Year 2026” in its place.

23 (2) A new subsection (c) is added to read as follows:

24 “(c) A direct care service provider who received a supplemental payment from the
25 District in Fiscal Year 2025 pursuant to section 3(a-1) shall demonstrate to the Mayor that it paid
26 its direct care professionals a wage that, on average, is equal to at least the greater of either
27 117.6% of the District minimum wage pursuant to section 4 of the Minimum Wage Act Revision
28 Act of 1992, effective March 25, 1993 (D.C. Law 9-248; D.C. Official Code § 32-1003), or
29 117.6% of the District living wage pursuant to the Living Wage Act of 2006, effective June 8,
30 2006 (D.C. Law 16-118; D.C. Official Code § 2-220.01 *et seq.*), in the service provider’s
31 operating budget cycle, inclusive of overtime wages and bonuses.”.

1 **TITLE V, SUBTITLE C. MEDICAID INPATIENT FUND AND DIRECTED PAYMENTS**

2 Sec. xxx1. Short title.

3 This subtitle may be cited as the “Medicaid Inpatient Hospital Directed Payment Act of
4 2024”.

5 Sec. xxx2. Definitions.

6 For the purposes of this subtitle, the term:

7 (1) “Department” means the Department of Health Care Finance.

8 (2) “District retention” means an amount equal to 13.125% of the fees collected
9 under section 5024(a)(1), plus the salary and fringe benefits for one full-time equivalent staff
10 position at the Department.

11 (3) “Fund” means the Inpatient Hospital Directed Payment Provider Fee Fund
12 established by this subtitle.

13 (4) “Hospital” shall have the same meaning as provided in section 2(a)(9) of the
14 Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of
15 1983, February 24, 1984 (D.C. Law 5-48; D.C. Official Code § 44-501(a)(9)), but excludes any
16 specialty hospital, as defined by the District of Columbia’s Medicaid State Plan, a hospital that is
17 reimbursed under a specialty hospital reimbursement methodology under the State Plan, or a
18 hospital operated by the federal government.

19 (5) “Hospital system” means a group of hospitals licensed separately but operated,
20 owned, or maintained by a common entity.

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

24 under title XIX of the Social Security Act for a medical assistance program, and for other
25 purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02), and
26 administered by the Department.

27 (7)(A) “Inpatient net patient revenue” means the result of the following
28 calculation:

29 (i) The quotient of the number appearing in Column 1 of Line 28
30 on Worksheet G-2 of the hospital’s most recently available filed Hospital and Hospital Health
31 Care Complex Cost Report (“Form CMS-2552-10”);

32 (ii) Divided by the number appearing in Column 3 of Line 28 on
33 Worksheet G-2 of that report; and

34 (iii) Multiplied by the number appearing in Column 1 of Line 3 of
35 Worksheet G-3 of that report.

36 (B) Notwithstanding subparagraph (A) of this paragraph, for a hospital
37 that has not yet filed its first Form CMS-2552-10, the term “inpatient net patient revenue” shall
38 mean a dollar value determined by the Department, based on projected utilization volume and
39 projected utilization migration from other area hospitals, that approximates the hospital’s
40 expected inpatient net patient revenue.

41 (8) “State directed payment” means a Medicaid managed care delivery system
42 and provider payment initiative authorized under 42 C.F.R. § 438.6(c).

43 Sec. xxx3. Inpatient Hospital Directed Payment Provider Fee Fund.

44 (a) There is established as a special fund the Inpatient Hospital Directed Payment
45 Provider Fee Fund, which shall be administered by the Department in accordance with
46 subsections (c) and (d) of this section.

47 (b) Revenue from the following sources shall be deposited in the Fund:

48 (1) Fees collected under this subtitle; and

49 (2) Interest and penalties collected under this subtitle.

50 (c) Money in the Fund shall be used only for the following purposes:

51 (1) Making separate payments to Medicaid managed care organizations to fund
52 Medicaid inpatient hospital directed payments to hospitals as required under section 5026;

53 (2) Providing refunds to hospitals pursuant to section 5025; and

54 (3) Through the District retention:

55 (A) Paying the salary and fringe benefits of one full-time equivalent staff
56 position at the Department;

57 (B) Funding the local match for Medicaid fee-for-service hospital
58 reimbursements;

59 (C) Funding Title I of the Prior Authorization Reform Amendment Act of
60 2023, effective January 17, 2024 (D.C. Law 25-100; D.C. Official Code § 31-3875.01 *et seq.*),
61 using an amount from the District retention equal to 1.125% of the fees collected by this subtitle;
62 and

63 (D) Making a transfer to the General Fund in an amount not to exceed
64 13.125% of the fees collected by this subtitle.

65 (d)(1) Except as otherwise provided in subsection (c)(3)(D) of this section, the money
66 deposited into Fund shall not revert to the unrestricted fund balance of the General Fund of the
67 District of Columbia at the end of a fiscal year, or at any other time.

68 (2) Subject to authorization in an approved budget and financial plan, any funds
69 appropriated in the Fund shall be continually available without regard to fiscal year limitation.

70 Sec. xxx4. Inpatient hospital directed payment provider fee.

71 (a) The District may charge each hospital a fee based on its inpatient net patient revenue.

72 The fee shall be charged at a uniform rate among all hospitals. The rate of the fee shall be
73 established by the Department and generate an amount equal to:

74 (1) The non-federal share of the quarterly inpatient hospital directed payment,
75 consistent with the applicable State directed payment preprint approved by the Centers for
76 Medicare and Medicaid Services; and

77 (2) The District retention.

78 (b) If the Department calculates the fee under subsection (a) based in part on the inpatient
79 net patient revenue of a new hospital that has not yet filed its first Hospital and Hospital Health
80 Care Complex Cost Report (“Form CMS-2552-10”), the Department shall, after the hospital files
81 its first Form CMS-2552-10:

82 (1) Adjust the fee retroactively based on the inpatient net patient revenue of the
83 new hospital using the calculation provided by section 5022(7)(A);

84 (2) Bill the new hospital for any difference in amount owed, if any; and

85 (3) Retroactively adjust the fees charged to all other hospitals to account for the
86 change in the new hospital’s fee obligations.

87 (c)(1) Except as provided in paragraph (2) of this subsection, the following hospitals shall
88 be exempt from the fee imposed under subsection (a) of this subsection:

89 (A) A psychiatric hospital that is an agency or a unit of the District
90 government;

91 (B) Howard University Hospital.

92 (2) If an exemption provided to a hospital by paragraph (1) of this subsection is
93 not approved for a provider tax waiver from the Centers for Medicare and Medicaid Services (if
94 such waiver is determined to be necessary), the hospital shall be subject to the fee imposed under
95 subsection (a) of this section.

96 Sec. xxx5. Federal Determination; Suspension and Termination of Assessment; and
97 Applicability of fees.

98 (a) The fee imposed by section 5024 shall apply as of October 1, 2024.

99 (b) The fee imposed by section 5024 shall cease to be imposed, and any moneys
100 remaining in the Fund shall be refunded to hospitals in proportion to the amounts paid by them if
101 the payments under section 5026 are not eligible for federal matching funds or if the fee is
102 determined to be an impermissible tax under section 1903(w) of the Social Security Act,
103 approved July 30, 1965 (70 Stat. 349; 42 U.S.C. § 1396b(w)).

104 (c) The Department shall include policy initiatives in the Medicaid State directed
105 payment preprint application to the Centers for Medicare and Medicaid Services that would
106 require hospitals to implement and supplement existing programs dedicated to improving
107 maternal and child health outcomes, discharge for long term care and transitions of care plans,
108 substance use, and workforce pipelines.

109 Sec. xxx6. Medicaid inpatient hospital directed payments.

110 For services beginning on October 1, 2024, the Department shall require Medicaid
111 managed care organizations to make inpatient directed payments to hospitals consistent with the
112 applicable State directed payment preprint approved by the Centers for Medicare and Medicaid
113 Services.

114 Sec. xxx7. Quarterly notice and collection.

115 (a) The fee imposed under section 5024 shall be calculated on a quarterly basis and shall
116 be due and payable by the 15th day after the last month of each quarter; provided, that the fee
117 shall not be due and payable until:

118 (1) The District issues written notice that the payment methodologies for
119 payments to hospitals required under section 5026 have been approved by the Centers for
120 Medicare and Medicaid Services; and

121 (2) The District issues written notice to the hospital informing the hospital of its
122 fee rate, inpatient net patient revenue subject to the fee, and the fee amount owed on a quarterly
123 basis, including, in the initial written notice from the District to the hospital, all fee amounts
124 owed beginning with the period commencing on October 1, 2024.

125 (b)(1) If a hospital fails to pay the full amount of the fee in accordance with this subtitle,
126 the unpaid balance shall accrue interest at the rate of 1.5% per month or any fraction thereof,
127 which shall be added to the unpaid balance.

128 (2) The Chief Financial Officer may arrange a payment plan for the amount of the
129 fee and interest in arrears.

130 Sec. xxx8. Multi-hospital systems, closure, merger, and new hospitals.

131 (a) If a hospital system owns, operates, or maintains more than one hospital licensed by
132 the Department of Health, the hospital system shall pay the fee for each hospital separately.

133 (b)(1) Notwithstanding any other provision in this subtitle, if a hospital system or person
134 ceases to own, operate, or maintain a hospital that is subject to a fee under section 5024, as
135 evidenced by the transfer or surrender of the hospital license, the fee for the fiscal year in which
136 the cessation occurs shall be adjusted by multiplying the fee computed under section 5024 by a
137 fraction, the numerator of which is the number of days in the year during which the hospital

138 system or person conducted, operated, or maintained the hospital, and the denominator of which
139 is 365.

140 (2) Within 15 days after ceasing to own, operate, or maintain a hospital, the
141 hospital system or person shall pay the fee for the year as so adjusted, to the extent not
142 previously paid.

143 Sec. xxx9. Rules.

144 The Mayor, pursuant to Title I of the District of Columbia Administrative Procedure Act,
145 approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), may issue rules
146 to implement the provisions of this subtitle.

147 Sec. xx10. Sunset.

148 This subtitle shall expire on September 30, 2029.

149

1 **TITLE V, SUBTITLE D. MEDICAID OUTPATIENT FUND AND DIRECTED**
2 **PAYMENTS**

3 Sec. xxx1. Short title.

4 This subtitle may be cited as the “Medicaid Outpatient Hospital Directed Payment Act of
5 2024”.

6 Sec. xxx2. Definitions.

7 For the purposes of this subtitle, the term:

8 (1) “Department” means the Department of Health Care Finance.

9 (2) “District retention” means an amount equal to 13.125% of the fees collected
10 pursuant to section 5034(a)(1), plus the salary and fringe benefits for one full-time equivalent
11 staff position at the Department.

12 (3) “Fund” means the Outpatient Hospital Directed Payment Provider Fee Fund
13 established by this subtitle.

14 (4) “Hospital” shall have the same meaning as provided in section 2(a)(1) of the
15 Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of
16 1983, effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code § 44-501(a)(9)); except
17 that the term “hospital” shall not include a hospital operated by the federal government.

18 (5) “Hospital system” means a group of hospitals licensed separately, but
19 operated, owned, or maintained by a common entity.

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

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

26 (7)(A) “Outpatient gross patient revenue” means the amount that is reported in
27 column 2 of line 28 of Worksheet G-2 of the hospital’s most recently available Hospital and
28 Hospital Health Care Complex Cost Report (“Form CMS 2552-10”).

29 (B) Notwithstanding subparagraph (A) of this paragraph, for a hospital
30 that has not yet filed its first Form CMS-2552-10, the term “outpatient gross patient revenue”
31 shall mean a dollar value determined by the Department, based on projected utilization volume
32 and projected utilization migration from other area hospitals, that approximates the hospital’s
33 expected outpatient gross patient revenue.

34 (8) “State directed payment” means a Medicaid managed care delivery system
35 and provider payment initiative authorized under 42 C.F.R § 438.6(c).

36 Sec. xxx3. Outpatient Hospital Directed Payment Provider Fee Fund.

37 (a) There is established as a special fund the Outpatient Hospital Directed Payment
38 Provider Fee Fund, which shall be administered by the Department in accordance with
39 subsections (c) and (d) of this section.

40 (b) Revenue from the following sources shall be deposited in the Fund:

41 (1) Fees collected under this subtitle; and

42 (2) Interest and penalties collected under this subtitle.

43 (c) Money in the Fund shall be used only for the following purposes:

44 (1) Making separate payments to Medicaid managed care organizations to fund
45 Medicaid outpatient hospital directed payments to hospitals as required under section 5036;

46 (2) Providing refunds to hospitals pursuant to section 5035; and

47 (3) Through the District retention:

48 (A) Paying the salary and fringe benefits of one full-time equivalent staff
49 position at the Department;

50 (B) Funding the local match for Medicaid fee-for-service hospital
51 reimbursements;

52 (C) Funding Title I of the Prior Authorization Reform Amendment Act of
53 2023, effective January 17, 2024 (D.C. Law 25-100; D.C. Official Code § 31-3875.01 *et seq.*),
54 using an amount from the District retention equal to 1.125% of the fees collected by this subtitle;
55 and

56 (D) Making a transfer to the General Fund in an amount not to exceed
57 13.125% of the fees collected by this subtitle.

58 (d)(1) Except as otherwise provided in subsection (c)(3)(D) of this section, the money
59 deposited into the Fund shall not revert to the unrestricted fund balance of the General Fund of
60 the District of Columbia at the end of a fiscal year, or at any other time.

61 (2) Subject to authorization in an approved budget and financial plan, any funds
62 appropriated in the Fund shall be continually available without regard to fiscal year limitation.

63 Sec. xxx4. Outpatient hospital directed payment provider fee.

64 (a) The District may charge each hospital a fee based on its outpatient gross patient
65 revenue. The fee shall be charged at a uniform rate among all hospitals. The rate of the fee shall
66 be established by the Department and generate an amount equal to:

67 (1) The non-federal share of the quarterly outpatient hospital directed payment,
68 consistent with the applicable State directed payment preprint approved by the Centers for
69 Medicare and Medicaid Services; and

70 (2) The District retention.

71 (b) If the Department calculates the fee under subsection (a) based in part on the
72 outpatient gross patient revenue of a new hospital that has not yet filed its first Hospital and
73 Hospital Health Care Complex Cost Report (“Form CMS-2552-10”), the Department shall, after
74 the hospital files its first Form CMS-2552-10:

75 (1) Adjust the fee retroactively based on the outpatient gross patient revenue of
76 the new hospital using the calculation provided by section 5032(7)(A);

77 (2) Bill the new hospital for any difference in amount owed, if any; and

78 (3) Retroactively adjust the fees charged to all other hospitals to account for the
79 change in the new hospital’s fee obligations.

80 (c)(1) Except as provided in paragraph (2) of this subsection, the following hospitals shall
81 be exempt from the fee imposed under subsection (a) of this subsection:

82 (A) A psychiatric hospital that is an agency or a unit of the District
83 government;

84 (B) Howard University Hospital.

85 (2) If an exemption provided to a hospital by paragraph (1) of this subsection is
86 not approved for a provider tax waiver from the Centers for Medicare and Medicaid Services (if
87 such waiver is determined to be necessary), the hospital shall be subject to the fee imposed under
88 subsection (a) of this section.

89 Sec. xxx5. Federal Determination; Suspension and Termination of Assessment; and
90 Applicability of fees.

91 (a) The fee imposed by section 5034 shall be applicable as of October 1, 2024.

92 (b) The fee imposed by section 5034 shall cease to be imposed, and any moneys
93 remaining in the Fund shall be refunded to hospitals in proportion to the amounts paid by them if
94 the payments under section 5036 are not eligible for federal matching funds or if the fee is
95 deemed to be an impermissible tax under section 1903(w) of the Social Security Act, approved
96 July 30, 1965 (70 Stat. 349; 42 U.S.C. §1396b(w)).

97 (c) The Department shall include policy initiatives in the Medicaid State directed
98 payment preprint application to Centers for Medicare and Medicaid Services that would require
99 hospitals to implement and supplement existing programs dedicated to improving maternal and
100 child health outcomes, discharge for long term care and transitions of care plans, substance use,
101 and workforce pipelines.

102 Sec. xxx6. Medicaid outpatient hospital directed payments.

103 For visits and services beginning on October 1, 2024, the Department shall require
104 Medicaid managed care organizations to make outpatient directed payments to hospitals
105 consistent with the applicable State directed payment preprint approved by the Centers for
106 Medicare and Medicaid Services.

107 Sec. xxx7. Quarterly notice and collection.

108 (a) The fee imposed under section 5034 shall be calculated on a quarterly basis, and shall
109 be due and payable by the 15th day after the last month of each quarter; provided, that the fee
110 shall not be due and payable until:

111 (1) The District issues written notice that the payment methodologies for
112 payments to hospitals required under section 5036 have been approved by the Centers for
113 Medicare and Medicaid Services; and

114 (2) The District issues written notice to the hospital informing the hospital of its
115 fee rate, outpatient gross patient revenue subject to the fee, and the fee amount owed on a
116 quarterly basis, including, in the initial written notice from the District to the hospital, all fee
117 amounts owed beginning with the period commencing on October 1, 2024.

118 (b)(1) If a hospital fails to pay the full amount of the fee in accordance with this subtitle,
119 the unpaid balance shall accrue interest at the rate of 1.5% per month or any fraction thereof,
120 which shall be added to the unpaid balance.

121 (2) The Chief Financial Officer may arrange a payment plan for the amount of the
122 fee and interest in arrears.

123 Sec. xxx8. Multi-hospital systems, closure, merger, and new hospitals.

124 (a) If a hospital system owns, operates, or maintains more than one hospital licensed by
125 the Department of Health, the hospital system shall pay the fee for each hospital separately.

126 (b)(1) Notwithstanding any other provision in this subtitle, if a hospital system or person
127 ceases to own, operate, or maintain a hospital that is subject to a fee under section 5034, as
128 evidenced by the transfer or surrender of the hospital license, the fee for the fiscal year in which
129 the cessation occurs shall be adjusted by multiplying the fee computed under section 5034 by a
130 fraction, the numerator of which is the number of days in the year during which the hospital
131 system or person conducted, operated, or maintained the hospital, and the denominator of which
132 is 365.

133 (2) Within 15 days after ceasing to own, operate, or maintain a hospital, the
134 hospital system or person shall pay the fee for the year as so adjusted, to the extent not
135 previously paid.

136 Sec. xxx9. Rules.

137 The Mayor, pursuant to Title I of the District of Columbia Administrative Procedure Act,
138 approved October 21, 1968 (82 Stat.1204; D.C. Official Code § 2-501 *et seq.*), may issue rules to
139 implement the provisions of this subtitle.

140 Sec. xx10. Sunset.

141 This subtitle shall expire on September 30, 2029.

1 **TITLE V, SUBTITLE E. MEDICAID HOSPITAL OUTPATIENT SUPPLEMENTAL**
2 **PAYMENT AND HOSPITAL INPATIENT RATE SUPPLEMENT ADJUSTMENTS**

3 Sec. xxx1. Short title.

4 This subtitle may be cited as the “Medicaid Hospital Outpatient Supplemental Payment
5 and Hospital Inpatient Rate Supplement Adjustments Amendment Act of 2024”.

6 Sec. xxx2. The Medicaid Hospital Outpatient Supplemental Payment Act of 2017,
7 effective December 13, 2017 (D.C. Law 22-33; D.C. Official Code § 44-664.01 *et seq.*), is
8 amended as follows:

9 (a) Section 5062(5) (D.C. Official Code § 44-664.01(5)) is amended to read as follows:

10 ~~“(5)(A) Except as provided in subparagraph (B) of this paragraph, “outpatient~~
11 ~~“(5)(A) “Outpatient gross patient revenue” means the amount that is reported in column 2~~
12 ~~of line 28 of Worksheet G-2 of the hospital’s most recently available Hospital and Hospital~~
13 ~~Health Care Complex Cost Report (“Form CMS 2552-10”).”.~~

14 ~~“(B) For~~Notwithstanding subparagraph (A) of this paragraph, for a
15 ~~hospital that has not yet filed its first Hospital and Hospital Health Care Complex Cost Report~~
16 ~~(Form CMS-2552-10);~~ the term “outpatient netgross patient revenue” shall mean a dollar value
17 ~~determined by the Department, based on projected utilization volume and projected utilization~~
18 ~~migration from other area hospitals, that approximates the hospital’s expected inpatient~~
19 ~~netoutpatient gross patient revenue as defined by subparagraph (A) of this paragraph.”.~~

20 ~~“(b) Section 5064(b) (D.C. Official Code § 44-664.03) is amended as follows:~~

21 ~~“(1) Subsection (b) is amended to read as follows:~~

22 ~~“(b)(1) Except as provided in paragraph (2) of this subsection, the following~~
23 ~~hospitals shall be exempt from the fee imposed under subsection (a) of this subsection:~~

24 “(A) A psychiatric hospital that is an agency or a unit of the District
25 government; and

26 “(B) Howard University Hospital.

27 “(2) If an exemption provided to a hospital by paragraph (1) of this subsection is
28 ~~adjudged to be unlawful or otherwise invalid, or is~~ not approved for a provider tax waiver from
29 the Centers for Medicare and Medicaid Services (if such waiver is determined to be necessary),
30 the hospital shall be subject to the fee imposed under subsection (a) of this section.”.

31 Sec. xxx3. The Medicaid Hospital Inpatient Rate Supplement Act of 2017, effective
32 December 13, 2017 (D.C. Law 22-33; D.C. Official Code § 44-664.11 *et seq.*), is amended as
33 follows:

34 ———(a) Section 5082(4) (D.C. Official Code § 44-664.11(4)) is amended to read as
35 follows:

36 ~~—————“(4)(A) Except as provided in subparagraph (B) of this paragraph, “inpatient~~
37 ~~—————“(4)(A) “Inpatient net patient revenue” means, with respect to a hospital, the result of the~~
38 following calculation:

39 “(i) The quotient of the number appearing in Column 1 of Line 28
40 on Worksheet G-2 of the hospital’s most recently available filed Hospital and Hospital Health
41 Care Complex Cost Report ~~(“Form CMS-2552-10”)~~, divided by the number appearing in
42 Column 3 of Line 28 on Worksheet G-2 of that report; ~~multiplied by and~~

43 “(ii) ~~The~~Multiplied by the number appearing in Column 1 of Line
44 3 of Worksheet G-3 of that report.

45 “(B) ~~For~~Notwithstanding subparagraph (A) of this paragraph, for a
46 hospital that has not yet filed its first ~~Hospital and Hospital Health Care Complex Cost Report~~

47 ~~(Form CMS-2552-10)~~, the term “inpatient net patient revenue” shall mean a dollar value
48 determined by the Department, based on projected utilization volume and projected utilization
49 migration from other area hospitals, that approximates the hospital’s expected ~~outpatient~~inpatient
50 net patient revenue ~~as defined by subparagraph (A) of this paragraph.~~”.

51 ———(b) Section 5084 (D.C. Official Code § 44-664.13) is amended as follows:

52 ——— (1) Subsection (b) is amended to read as follows:

53 ———“(b)(1) Except as provided in paragraph (2) of this subsection, the following
54 hospitals shall be exempt from the fee imposed under subsection (a) of this subsection:

55 ——— “(A) A psychiatric hospital that is an agency or a unit of the
56 District government; and

57 ——— “(B) Howard University Hospital.

58 “(2) If an exemption provided to a hospital by paragraph (1) of this subsection is
59 ~~adjudged to be unlawful or otherwise invalid, or is~~ not approved for a provider tax waiver from
60 the Centers for Medicare and Medicaid Services (if such waiver is determined to be necessary),
61 the hospital shall be subject to the fee imposed under subsection (a) of this section.”.

62 (2) Subsection (c) is repealed.

1 **TITL V, SUBTITLE H. HEALTHY DC FUND**

2 Sec. xxx1. Short title.

3 This subtitle may be cited as the “Healthy DC Fund Amendment Act of 2024”.

4 Sec. xxx2. Section 15b of the Hospital and Medical Services Corporation Regulatory Act
5 of 1996, effective March 2, 2007 (D.C. Law 16-192; D.C. Official Code § 31-3514.02), is
6 amended by adding a new subsection (d) to read as follows:

7 “(d) Notwithstanding subsection (a) of this section, in each of fiscal years 2025, 2026,
8 2027, and 2028, \$5,567,566 shall be transferred from the Fund to the General Fund of the
9 District.”.

1 **TITLE V, SUBTITLE I. NOT-FOR-PROFIT HOSPITAL CORPORATION SUBSIDY**

2 Sec. xxx1. Short title.

3 This subtitle may be cited as the “Not-For-Profit Hospital Corporation Subsidy
4 Amendment Act of 2024”.

5 Sec. xxx2. The Not-for-Profit Hospital Corporation Establishment Amendment Act of
6 2011, effective September 14, 2011 (D.C. Law 19-21; D.C. Official Code § 44-951.01 *et seq.*), is
7 amended as follows:

8 (a) Section 5115(l)(1) (D.C. Official Code § 44-951.04(l)(1)) is amended as follows:

9 (1) Subparagraph (B) is amended by striking the phrase “; or” and inserting a
10 semicolon in its place.

11 (2) Subparagraph (C) is amended to read as follows:

12 “(C) At any time during Fiscal Year 2021 through Fiscal Year 2024, a
13 District annual operating subsidy of more than \$15 million per fiscal year is required; or”.

14 (3) A new subparagraph (D) is added to read as follows:

15 “(D) At any time after September 30, 2024, a District annual operating
16 subsidy of more than \$26 million per fiscal year is required.”.

17 (b) Section 5120(b)(1) (D.C. Official Code § 44-951.09(b)(1)) is amended by striking the
18 phrase “and no greater than \$22 million per year thereafter,” and inserting the phrase “no greater
19 than \$22 million per year in Fiscal Years 2022 through 2024, and no greater than \$26 million per
20 year thereafter,” in its place.

1 **TITLE V, SUBTITLE M. CHILDCARE FOR PREGNANT AND BIRTHING PARENTS**
2 **GRANTS**

3 Sec. xxx1. Short title.

4 This subtitle may be cited as the “Childcare for Pregnant and Birthing Parents Grants
5 Amendment Act of 2024”.

6 Sec. xxx2. Section 4907a of the Department of Health Functions Clarification Act of
7 2001, effective March 3, 2010 (D.C. Law 18-111; D.C. Official Code § 7-736.01), is amended
8 by adding a new subsection (m) to read as follows:

9 “(m)(1) For Fiscal Year 2025, the Director of the Department of Health shall issue one or
10 more grants totaling \$300,000 to non-governmental entities to provide childcare to pregnant and
11 birthing parents or legal guardians who are receiving urgent treatment related to pregnancy at a
12 hospital or birthing facility in the District.

13 “(2)(A) For childcare lasting 5 hours or less, the grantee shall provide on-site
14 childcare.

15 “(B) For childcare lasting for more than 5 hours, the grantee may transfer
16 the child to a childcare facility; provided, that the Department of Health and the parents or legal
17 guardians of the child are notified of the transfer and the identity and location of the childcare
18 facility.

19 “(3) For the purposes of this subsection:

20 “(A) “On-site childcare” means childcare provided at the same hospital or
21 birthing facility where the parent or legal guardian is receiving urgent treatment related to
22 pregnancy.

23 “(B) “Urgent treatment related to pregnancy” means healthcare treatment
24 outside of standard prenatal care and labor and delivery services that is recommended by a
25 licensed health professional to occur immediately to protect the health of the pregnant or birthing
26 individual or the fetus.”.

**ATTACHMENT
G**

1 **SUBTITLE X. GROCERY ACCESS PILOT PROGRAM**

2 Sec. XXX1. Short title.

3 This subtitle may be cited as the “Grocery Access Pilot Program Establishment
4 Amendment Act of 2024”.

5 Sec. XXX2. The Department of Health Functions Clarification Act of 2001, effective
6 October 3, 2001 (D.C. Law 14-28; D.C. Official Code § 7-731 *et seq.*), is amended by adding a
7 new section 4907d to read as follows:

8 “Sec. 4907d. Establishment of the grocery access pilot grant program.

9 “(a) In Fiscal Year 2025, the Department of Health shall establish a grocery access pilot
10 grant program for the purpose of providing up to 1,000 eligible District residents with
11 membership to a grocery delivery service at no cost for one year.

12 “(b)(1) To be eligible to participate in the pilot program, an applicant shall:

13 “(A) Be a resident of the District; and

14 “(B) Be enrolled in the Supplemental Nutrition Assistance Program
15 Education (“SNAP-Ed”).

16 “(2) The Department of Health shall give preference to an applicant who lives in
17 an “eligible area” as that term is defined in D.C. Official Code § 47-3801(1D)(A).

18 “(c) At the conclusion of the one-year pilot program, the Department of Health shall
19 incorporate the data collected in the program in their SNAP-Ed program.

20 “(d) The data collected pursuant to subsection (d) of this section shall be made available
21 to the Council upon request.”.

1 **SUBTITLE X. MENTAL HEALTH COURT URGENT CARE CLINIC**

2 Sec. xxx1. Short title.

3 This subtitle may be cited as the “Mental Health Court Urgent Care Clinic Amendment
4 Act of 2024”.

5 Sec. xxx2. The Department of Behavioral Health Establishment Act of 2013, effective
6 December 24, 2013 (D.C. Law 20-61, D.C. Official Code § 7-1141.01 *et seq.*), is amended by
7 adding a new section 5117a.

8 “5117a. Superior Court mental health urgent care clinic.

9 “(a) By October 1, 2024, the Department shall contract with a non-governmental
10 organization for the purpose of establishing and operating a mental health urgent care clinic
11 located within the Moultrie Courthouse, located at 500 Indiana Avenue, NW, of the Superior
12 Court of the District of Columbia.

13 “(b) To qualify, the non-governmental organization shall:

14 “(1) Have experience operating a mental health urgent care clinic within the
15 Superior Court that provides behavioral health and substance use disorder services to individuals;

16 “(2) Possess no less than 2 years of experience in establishing and managing free-
17 standing mental health clinics;

18 “(3) Be certified by the Department to provide mental health rehabilitation
19 services;

20 “(4) Have previously been awarded a contract by a local, state, or federal agency
21 to conduct mental health and substance abuse assessments and treatment, conduct housing need
22 assessments and referrals, and deliver brief therapeutic interventions for individuals within the
23 justice system;

24 “(5) Possess no less than 3 years of experience working with individuals with
25 behavioral health needs involved in the legal system, including the ability to collaborate with
26 Superior Court personnel, criminal justice agencies, and community-based providers;

27 “(6) Possess expertise in providing comprehensive mental health and substance
28 use disorder services to diverse populations;

29 “(7) Possess knowledge of local laws and regulations related to mental health
30 crisis support and hospitalization; and

31 “(8) Possess a commitment to person-center care and evidence-based practices in
32 mental health and substance abuse disorder treatment.

33 “(c) The mental health urgent care clinic established by this section shall:

34 “(1) Employ an evidence-based or evidence-informed care management model
35 that provides individualized support and referrals to resources;

36 “(2)(A) Ensure that one or more staff members are qualified to conduct petitions
37 for emergency evaluation and observation when there is concern that an individual poses a
38 significant risk to themselves or others due to a severe mental health condition.

39 “(B) A staff member is qualified to conduct an emergency evaluation if
40 they are permitted by law to conduct an emergency evaluation or certified by the Department as
41 an Officer Agent;

42 “(3) Maintain staffing sufficient to provide services to no fewer than 600
43 individuals each year;

44 “(4) Conduct assessments, diagnose mental health and co-occurring disorders, and
45 conduct substance abuse screenings;

46 “(5) Maintain an electronic health record system that collects uniform

47 information that meets at least the following criteria:

48 “(A) Maintains and keeps track of an individual’s health history;

49 “(B) Provides a method for clinic communication and treatment planning
50 among providers and practitioners serving individuals visiting the clinic;

51 “(C) Serves as a legal document describing healthcare services provided;

52 and

53 “(D) Serves as a source of data for the behavioral health services and
54 outcomes that are rendered.

55 “(6) Provide care coordination and intervention management services for high
56 utilizers of the District’s behavioral health and justice system;

57 “(7) Provide evaluations for juveniles who are court-ordered for emergency
58 evaluation;

59 “(8) Conduct housing assessments;

60 “(9) Provide immediate mental health clinical interventions, as required;

61 “(10) Coordinate with organizations certified by the Department to provide
62 behavioral health services, if necessary; and

63 “(11) Refer individuals to community-based treatment and resources.”.

1 **SUBTITLE X. OPIOID ABATEMENT DIRECTED FUNDING**

2
3 Sec. XXX1. Short title.

4 This subtitle may be cited as the “Opioid Abatement Directed Funding Amendment Act
5 of 2024”.

6 Sec. XXX2. Section 5012 of the Opioid Abatement Fund Establishment Act of 2022,
7 effective September 21, 2022 (D.C. Law 24-167; D.C. Official Code § 7-3221), is amended by
8 adding a new subsection (b-5) to read as follows:

9 “(b-5) Notwithstanding any other provision of this act, in Fiscal Year 2025, a total
10 amount of \$1,125,000 from the Fund shall be used for the following purposes:

11 “(1) \$400,000 for behavioral health and substance abuse targeted outreach
12 services at locations in Wards 5 and 6 identified in the Substance Abuse and Behavioral Health
13 Services Targeted Outreach Grant Act of 2024, as approved by the Committee on Health on May
14 9, 2024 (Committee Print of Bill 25-784);

15 “(2) \$325,000 to implement the School-Based Behavioral Health Student Peer
16 Educator Pilot Amendment Act of 2024, as approved by the Committee on Health on May 9,
17 2024 (Committee Print Bill 25-784); and

18 “(3) \$400,000 to the Office of the Chief Medical Officer for the purpose of
19 enabling the testing of illicit drug misuse and the development of novel testing methods for
20 opioids within the agency’s Forensic Toxicology Lab and Data Fusion Center.”.

1 **SUBTITLE X. PRIOR AUTHORIZATION REFORM AMENDMENT**

2 Sec. xxx1. Short title.

3 This subtitle may be cited as the “Prior Authorization Reform Amendment Act of 2024”.

4 Sec. xxx2. Section 109(c) of the Prior Authorization Reform Amendment Act of 2023,
5 effective January 17, 2024 (D.C. Law 25-100; D.C. Official Code § 31-3875.09(c)), is amended
6 to read as follows:

7 “(c) For the purposes of this section, the term “utilization review entity” shall not include
8 an individual or entity that performs prior authorization review for a health benefits plan
9 provided through Medicaid or the DC HealthCare Alliance.”.

1 **SUBTITLE X. SCHOOL-BASED BEHAVIORAL HEALTH STUDENT PEER**
2 **EDUCATOR PILOT**

3
4 Sec. XXX1. Short title.

5
6 This subtitle may be cited as the “School-Based Behavioral Health Student Peer Educator
7 Pilot Amendment Act of 2024”.

8 Sec. XXX2. Section 204 of the Early Childhood and School-based Behavioral Health
9 Infrastructure Act of 2012, effective September 6, 2023 (D.C. Law 25-50; D.C. Official Code §
10 2-1517.33), is amended by adding a new subsection (a-1) to read as follows:

11 “(a-1) In Fiscal Year 2025, DBH shall award by October 15, 2024, grants totaling
12 \$325,000 to the same non-governmental entities who received the grant under subsection (a) of
13 this section to continue to perform the functions identified in subsections (d) and (e) of this
14 section.”.

15

1 **SUBTITLE X. SUBSTANCE ABUSE AND BEHAVIORAL HEALTH SERVICES**

2 **TARGETED OUTREACH GRANTS**

3 Sec. xxx1. Short title.

4 This subtitle may be cited as the “Substance Abuse and Behavioral Health Services
5 Targeted Outreach Grants Act of 2024”.

6 Sec. xxx2. Substance abuse and behavioral health services targeted outreach pilot.

7 (a) By October 31, 2024, the Department Behavioral Health (“DBH”) shall award one or
8 more grants in the amount of \$1,200,000 to 501(c)(3) not-for-profit organizations with
9 experience in substance abuse harm reduction services to provide direct support, relationship
10 development, and resource brokering to individuals in need of substance abuse and behavioral
11 health services at the following locations:

12 (1) The vicinity of the 600 block of T Street, NW;

13 (2) The vicinity of the 1100-1300 blocks of Mount Olivet Road, NE;

14 (3) The vicinity of the 3800-4000 blocks of Minnesota Avenue, NE;

15 (4) The vicinity of the 1300-1800 blocks of Marion Barry Avenue, SE;

16 (5) The vicinity of King Greenleaf Recreation Center located at 201 N Street, SW;

17 and

18 (6) The vicinity of the of the 1300-1700 blocks of North Capitol Street, NW and
19 1600-1700 blocks of Lincoln, Road, NE.

20 (b) By October 31, 2024, DBH shall award a grant in the amount of \$750,000 to an
21 organization responsible for maintaining a Main Street corridor in Ward 1 to hire 8 full-time
22 positions to provide direct support, relationship development and resource brokering to
23 individuals at the following locations:

24 (1) Columbia Heights Civic Plaza;

25 (2) The intersection of Mount Pleasant Street, NW and Kenyon Street, NW;

26 (3) Georgia Avenue, NW, between New Hampshire Avenue, NW, and Harvard
27 Street, NW; and

28 (4) U Street, NW, between 14th Street, NW, and Georgia Avenue, NW.

29 (c) By November 30, 2025, the not-for-profit organizations awarded a grant pursuant to
30 this act shall submit a report to DBH, which shall include the following information, broken
31 down by location:

32 (1) The number of individuals or groups the grantee engaged through outreach
33 efforts;

34 (2) The number of individuals the grantee connected to substance use disorder
35 treatment programs, primary healthcare, mental health services, housing assistance, employment
36 support, or other services;

37 (3) The number of overdose reversals or interventions performed by the grantee
38 using naloxone or other overdose reversal medications;

39 (4) The amount of harm reduction supplies distributed by the grantee, including
40 clean needles, syringes, naloxone kits, condoms, or other materials that reduce the risks
41 associated with drug use; and

42 (5) The number of educational sessions, workshops or prevention activities
43 delivered by the grantee to target populations.

44 (d) Within 30 days of receiving the report described in subsection (c) of this section,
45 DBH shall submit the report to the Council and publicly post the report on its website.

46 (e) For the locations specified in subsections (a)(1), (2), (3), and (b) of this section, DBH
47 shall award a grant to the same organization who received the grant under the Department of
48 Behavioral Health Target Outreach Grants Act of 2023, effective September 6, 2023 (D.C. Law
49 25-50; D.C. Official Code § 7-1141.01, note).

1 **SUBTITLE X. SEXUAL HEALTH PEER EDUCATORS GRANT**

2
3 Sec. XXX1. Short title.

4
5 This subtitle may be cited as the “Sexual Health Peer Educators Grant Amendment Act of
6 2024”.

7 Sec. XXX2. Section 4907a of the Department of Health Functions Clarification Act of
8 2001, effective March 3, 2010 (D.C. Law 18-111; D.C. Official Code § 7-736.01), is amended
9 by adding a new subsection (n) to read as follows:

10 “(n)(1) By October 21, 2024, the Department of Health (“Department”) shall award one
11 or more competitive grants totaling at least \$150,000 to non-governmental entities to train,
12 compensate, and supervise at least 50 high school students to work in public and public charter
13 high schools as sexual health educators (“student health educators”).

14 “(2) To qualify for the grant established by this subsection, an applicant shall
15 include in its application:

16 “(A) A list of at least 8 public or public charter school high schools, with a
17 preference for schools located in Wards 5, 7, or 8, with whom the applicant intends to partner;

18 “(B) The number of student health educators the applicant plans to hire,
19 train, compensate, and supervise;

20 “(C) The types of interventions the applicant will train student health
21 educators to perform, including classroom presentations on pregnancy prevention, condom
22 distribution, and referrals to sexually transmitted infection testing centers, and target numbers for
23 each intervention type;

24 “(D) Confirmation that the applicant is based in the District;

25 “(E) Demonstrated experience providing programming to youth ages 14 to
26 21 related to sexual and reproductive health; and

27 “(F) A commitment to provide quarterly reports to the Department that
28 shall include:

29 “(i) A list of public and public charter high school students
30 working as student health educators;

31 “(ii) A list of interventions performed by student health educators
32 and how many students were reached by each intervention;

33 “(iii) The total number of training hours conducted with student
34 health educators and the topics covered, including the number of student health educators who
35 participated in each training session;

36 “(iv) A list of the training topics that were covered during the
37 reporting period; and

38 “(v) Progress made on objectives and benchmarks identified in the
39 grant agreement.”.

1 **SUBTITLE X. TOBACCO USE CESSATION INITIATIVES**

2 Sec. xxx1. Short title.

3 This subtitle may be cited as the “Tobacco Use Cessation Initiatives Amendment Act of
4 2024”.

5 Sec. xxx2. The Department of Health Functions Clarification Act of 2001, effective
6 October 3, 2001 (D.C. Law 14-28, D.C. Official Code § 7-731 *et seq*), is amended by adding a
7 new section 4907d to read as follows:

8 “Sec. 4907d. Tobacco Use Cessation Fund.

9 “(a) There is established as a special fund the Smoking Cessation Fund (“Fund”), which
10 shall be administered by the Department of Health in accordance with subsections (c) of this
11 section.

12 “(b) There shall be deposited into the Fund:

13 “(1) Such funds as may be appropriated; and

14 “(2) Beginning in Fiscal Year 2025, 50% of the amounts received by the District
15 in the settlement of *District of Columbia v. JUUL Labs Inc.*, Superior Court of the District of
16 Columbia Case No. 2019 CA 007795 B (“Settlement Funds”).

17 “(c) Money in the Fund shall be used for the following purposes:

18 “(1) Investigators, including youth associates, to attempt vaping
19 purchases;

20 “(2) Social media countermarking campaign featuring District youth;

21 “(3) Developing and conducting a bi-annual survey on District youth use of
22 vaping products; and

23 “(4)(A) Developing a bi-annual report detailing how the Settlement Funds
24 allocated to the Department have been spent and providing updated data from the survey
25 required in paragraph (1)(C) and other relevant sources on District youth use of vaping products.

26 “(B) The report required by this paragraph shall be published each year
27 that the Department is not conducting the survey required in paragraph (1)(C).

28 “(d)(1) The money deposited into the Fund but not expended in a fiscal year shall not
29 revert to the unassigned fund balance of the General Fund of the District of Columbia at the end
30 of a fiscal year, or at any other time.

31 “(2) Subject to authorization in an approved budget and financial plan, any funds
32 appropriated in the Fund shall be continually available without regard to fiscal year limitation.”.

33 Sec. xxx3. Section 47-2402(1) is repealed.

1 **SUBTITLE X. SUBJECT TO APPROPRIATIONS REPEALERS**

2 Sec. xxx1. Short title.

3 This subtitle may be cited as the “Subject to Appropriations Repealers Amendment Act
4 of 2024”.

5 Sec. xxx2. Section 301 of the Prior Authorization Reform Amendment Act of 2023,
6 effective January 17, 2024 (D.C. Law 25-100; D.C. Official Code § 31-3875.01 *et seq.*), is
7 repealed.

8 Sec. xxx3. Section 3 of the Access to Emergency Medications Amendment Act of 2023,
9 effective February 23, 2024 (D.C. Law 25-0124; 70 DCR 16578), is repealed.

10 Sec. xxx4. Section 3 of the Expanding Access to Fertility Treatment Amendment Act of
11 2023, effective September 22, 2023 (D.C. Law 25-0049; 70 DCR 10351), is repealed.