

CHILDREN & FAMILIES

Department of Health and Human Services

**Budget Summary
State Fiscal Years Ending June 30, 2010 to 2013
House Finance Discussion Document**



Prepared February 28, 2011

CHILDREN & FAMILIES

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CHILDREN & FAMILIES
Governor's Adjustments to Agency Budget Request (Maintenance & Change)

	A	B	C	D	E	F	G	H	I	J
110	CHILDREN & FAMILIES									
111	Bud	Org	Div	Initiative	12 Reductions		SFY 13 Reductions			
112	Ref	Code			General	Total		General	Total	
113	961	5855	DCYF	Stop Director Authorized Cases	\$463	\$795		\$584	\$989	
114	961	5855	DCYF	Stop Voluntary Cases	\$628	\$1,256		\$628	\$1,256	
115	961	5855	DCYF	Reform system Permanency of Children						
116	961	5855	DJJS	SYSC Shelter Care Program Proposal Costs	\$1,141	\$2,202		\$1,105	\$2,166	
117	961	5855	DJJS	SYSC Intensive Care Program Proposal Costs	\$1,708	\$3,536		\$1,660	\$3,488	
118	961	5855	DJJS	CHINS Law Change	\$1,871	\$2,993		\$1,871	\$2,993	
119										
120	965	6148	DCYF	Child Care Wait List	\$10,611	\$10,611		\$12,459	\$12,459	
121	961	5855	DCYF	Revised Human Services Caseload	\$1,521	\$0		\$1,620	\$0	
122	965	6148	DCYF	Child Care - Adjusted Caseload Projection	\$2,301	\$0		\$2,301	\$0	
123	961	5855	DCYF	Eliminate Compliance With Residential Rate Setting Rules	\$1,428	\$1,428		\$1,471	\$1,471	
124	962	5857	DCYF	Eliminate the funding for Incentive funds	\$1,586	\$1,586		\$1,618	\$1,618	
125	961	5855	DCYF	Eliminate Drug Testing of DCYF clients	\$200	\$200		\$200	\$200	
126	963	6040	DCYF	Reduce Domestic Violence General Fund Match	\$16	\$16		\$16	\$16	
127	972	5847	DCYF	Reduce Family Resource Center Funding	\$120	\$120		\$120	\$120	
128	967	5694	DCYF	Reduce Head Start Collaborative Funding	\$15	\$15		\$15	\$15	
129	961	5855	DCYF	Level Fund Providers	\$591	\$1,228		\$1,188	\$2,474	
130	990	5832	DJJS	Correction to 5832		\$15			\$16	
131										
132	965	6148	DCYF	Accept TANF FF from DFA & in place give up GF from CC - See corresponding DFA Reducn line	\$3,460	\$0		\$3,412	\$0	
133	965	6148	DFA	Transfer TANF FF to DCYF Child Care in place of GF	\$0	\$3,460		\$0	\$3,412	
134	961	5855	DCYF	TANF GF in Change Column	\$4,800	\$0		\$4,800	\$0	
135										
136	1185	7177	BHHS	Across the Board Reduction to Homeless Shelters & Prevention Programs	\$241	\$241		\$311	\$311	
137	1182	7021	BHHS	Homeless Revolving Loan Fund	\$150			\$150		
138										
139	1174	6133	DCSS	State Disbursement Unit - Fund w/Incentives	\$172	\$0		\$172	\$0	
140	1172	6128	DCSS	Increase Fees to Clients Not On State Services	\$532	\$0		\$775	\$0	
141										
142	Various	Various	DFA	Adjusted TANF caseload assumptions 2012/2013	\$1,521	\$4,724		\$1,619	\$3,742	
143	996	6146	DFA	Adjusted TANF caseload Savings 2011	\$0	\$1,730		\$0	\$0	
144	996	6146	DFA	Count SSI in TANF	\$2,834	\$8,122		\$2,834	\$8,122	
145	1000	6176	DFA	Count SSI in FANF	\$970	\$970		\$970	\$970	
146	998	6170	DFA	Revert to orig. 209 (b) Methodology-OAA	\$20	\$20		\$20	\$20	
147	999	6174	DFA	Revert to orig. 209 (b) Methodology-APTD	\$392	\$392		\$392	\$392	
148	999	6174	DFA	Align federal crossmatch and State Supp with TANF & Food Stamps	\$81	\$81		\$81	\$81	
149										
150	1057	5190	DPHS	Community Health Centers (5190)	\$2,000	\$2,000		\$2,000	\$2,000	
151										
152	1167	6138	OMB	SCHIP Performance Bonus	\$1,300	\$0		\$0	\$0	
153	1169	6147	OMB	Reduce Projected Medicaid Caseload Growth to 1.5% in SFY12 and 1% in SFY13	\$3,023	\$6,045		\$6,038	\$12,076	
154	1167	6138	OMB	Adjustment to SCHIP Premium Rate increase to 5% each year.	\$817	\$2,335		\$1,137	\$3,249	
155	1169	6147	OMB	Eliminate Catastrophic Payments to Hospitals	\$1,345	\$2,690		\$1,372	\$2,744	
156	1169	6147	OMB	Elimination of Change Request: PCP Oral Health Initiative	\$22	\$44		\$32	\$64	
157	1169	6147	OMB	Elimination of Change Request: Adult Dental Benefit	\$4,364	\$8,728		\$4,864	\$9,728	
158	1169	6147	OMB	Continue suspension of Cost Settlement Payments 11	\$1,939	\$3,878		\$0	\$0	
159	1169	6147	OMB	Continue suspension of Cost Settlement Payments 12	\$2,014	\$4,028		\$0	\$0	
160	1169	6147	OMB	Continue suspension of Cost Settlement Payments 13	\$0	\$0		\$1,877	\$3,754	
161	1169	6147	OMB	Grow Budget from SFY 2011 Projected rather than Adjusted Authorized	\$8,000	\$16,000		\$8,000	\$16,000	
162	1167	6138	OMB	Convert CHIP to Medicaid expansion	\$1,709	\$4,877		\$3,540	\$9,875	
163	1169	6147	OMB	Disenroll Childrens Hospital Boston	\$2,500	\$5,000		\$2,500	\$5,000	
164	1169	6147	OMB	1% Primary Care FMAP, eff Jan 1 2013	\$0	\$0		\$18	\$34	
165	1168	6143	OMB	Diabetic Supplies Purchasing Initiative	\$450	\$900		\$450	\$900	

CHILDREN & FAMILIES

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CHILDREN & FAMILIES
040-5855 CHILD - FAMILY SERVICES (ABUSE & NEGLECT)

CLIENT PROFILE Children who come to the attention of the child protection system do so because of any of the following situations, which are often collectively termed child abuse:

- Sexual abuse
- Physical abuse
- Emotional abuse
- Neglect
- Psychological abuse

Parents involved with child protection may have a history of abuse in their own childhood, and/or currently struggle with mental health challenges, substance abuse and domestic violence.

Children and families involved with DCYF due to abuse and neglect concerns need both core and supportive services. Both are essential to provide a coordinated child protection response. The intent is to promote the safety, stability and development of vulnerable children, youth and their families, and to build capacity and resilience for children, families and communities.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$29,398	\$31,002	\$30,509	\$31,122	\$26,540	\$26,044
GENERAL FUNDS	\$15,909	\$17,201	\$15,959	\$16,296	\$13,313	\$12,937
CASELOAD	1,820	1,820	1,820	1,820	1,638	1,623
COST PER CASE-TOTAL	\$16,153	\$17,034	\$16,763	\$17,100	\$16,203	\$16,047

SERVICES PROVIDED

All court and non-court ordered services resulting from RSA 169-C, including community-based and out of home placement services. They range from in-home family services such as parenting skill and therapeutic interventions to foster family and intensive residential services. Key characteristics include:

- A network of coordinated community based services that share responsibility for service delivery
- A mix of low, medium and high intensity services that are comprehensive and flexible
- Preventive services delivered to at-risk families.

IMPACT IF SERVICES LOST

Children's and family's health and safety will be compromised, including an increased likelihood of child deaths as a result of abuse and neglect. If there were no rehabilitative services or alternative placements for child victims of abuse/neglect, an increase in child maltreatment and potential child deaths would occur.

Prevention efforts such as Voluntary Services and other supports are methods or activities that seek to reduce or deter child abuse/neglect. The loss of these interventions will lead to an increase in child maltreatment.

CHILDREN & FAMILIES

040-5855 CHILD - FAMILY SERVICES (CHINS)

CLIENT PROFILE

Child In Need of Services (CHINS) is an adjudication status of a youth for which the Court and the Division for Juvenile Justice work to help parents and assist youth experiencing serious difficulties and who are in need of such services in order to protect the juvenile and the community.

Youth and under the age of 18, who meet the Children in Need of Services criteria and their families typical involve truancy and school related issues, persistent runaways and/or disobey the reasonable and lawful demands of parents that result in risk to the family, the youth or the community.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$11,989	\$12,644	\$12,442	\$12,693	\$6,503	\$6,419
GENERAL FUNDS	\$6,904	\$7,742	\$7,183	\$7,335	\$3,648	\$3,596
CASELOAD	586	586	586	586	420	415
COST PER CASE-TOTAL	\$20,460	\$2,576	\$21,233	\$21,660	\$15,482	\$15,468

SERVICES PROVIDED

All court ordered services resulting from RSA 169-D, including community-based and out of home placement services.

DJJS provides a continuum of core services that has increasing levels of intensity and participation by youth and families. These services include outreach, in-home services and supports placement services including shelter and residential placement.

IMPACT IF SERVICES LOST

Children's and family's health and safety, as well as community safety, will be compromised. Without rehabilitative services, crisis intervention, alternative placements and case management services at-risk youth and their families will experience an increase in the severity of behaviors, placing youth and the community at risk. Youth experiencing untreated behavior challenges will most likely increase to delinquent behaviors resulting in safety concerns for the youth and increased to criminal and more damaging behaviors.

CHILDREN & FAMILIES

040-5855 CHILD - FAMILY SERVICES (DELINQUENTS)

CLIENT PROFILE

A delinquent is defined as an individual under the age of 17 who commits an offense that if committed by an adult would be the equivalent of a felony or misdemeanor crime.

Rounded to \$000

	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$18,290	\$19,289	\$18,983	\$19,365	\$14,651	\$14,532
GENERAL FUNDS	\$6,102	\$6,843	\$6,349	\$6,483	\$3,900	\$3,727
CASELOAD	2,411	2,411	2,411	2,411	2,229	2,181
COST PER CASE-TOTAL	\$7,586	\$8,001	\$7,873	\$8,032	\$6,582	\$6,663

SERVICES PROVIDED

Juvenile Probation and Parole Services are provided by Juvenile Probation and Parole Officers (JPPO) who conduct investigations and provide supervision of delinquent minors. All court ordered services resulting from RSA 169-B, including a variety of community-based and out of home placement services.

IMPACT IF SERVICES LOST

Children's and family's health and safety will be compromised. Without rehabilitative services and alternative placements for youth community safety will be at risk of increased crime and potentially fatal consequences for the youth, their family and the community.

CHILDREN & FAMILIES

040-6040 DOMESTIC VIOLENCE PROGRAMS

CLIENT PROFILE

Funding for The NH Coalition Against Domestic and Sexual Violence serves families experiencing various forms of abuse. Domestic violence crosses all social and economic boundaries and can include sexual, physical and emotional abuse.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$1,488	\$1,506	\$1,567	\$1,567	\$1,551	\$1,551
GENERAL FUNDS	\$351	\$319	\$319	\$319	\$303	\$303
CASELOAD	14,509	14,509	14,509	14,509	14,509	14,509
COST PER CASE-TOTAL	\$239	\$239	\$239	\$239	\$238	\$238

SERVICES PROVIDED

Chapter 223 of Laws of 1981 (NH RSA 173-B:15) mandates a Domestic Violence Program. The New Hampshire Coalition Against Domestic and Sexual Violence is a statewide network of fourteen direct service groups working with victims of domestic and sexual violence and has been designated as the coordinator of the grant program. Funds are disbursed by the Coalition to the 14 local organizations around the State, and are used to fund such services as 24-hour crisis telephone lines, emergency transportation, shelters, community outreach, and education and support services for over 14,500 victims of sexual and domestic violence.

IMPACT IF SERVICES LOST

The coalition will need to seek or redirect alternative funds or limit the current service array. Limiting domestic violence services would have a direct impact on family safety.

CHILDREN & FAMILIES

040-5801 CHILD PROTECTION

CLIENT PROFILE

Children who come to the attention of the child protection system do so because of any of the following situations, which are often collectively termed child abuse:

- Sexual abuse
- Physical abuse
- Emotional abuse
- Neglect
- Psychological abuse

Parents involved with child protection may have a history of abuse in their own childhood, and/or currently struggle with mental health challenges, substance abuse and domestic violence.

Children and families involved with DCYF due to abuse and neglect concerns need both core and supportive services. Both are essential to provide a coordinated child protection response. The intent is to promote the safety, stability and development of vulnerable children, youth and their families, and to build capacity and resilience for children, families and communities.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$20,489	\$21,925	\$24,605	\$25,000	\$23,797	\$24,093
GENERAL FUNDS	\$10,126	\$10,562	\$14,224	\$ 14,445	\$12,935	\$13,901
CASELOAD	101,791	101,791	101,791	101,791	101,791	101,791
COST PER CASE-TOTAL	\$201	\$215	\$242	\$246	\$234	\$237

SERVICES PROVIDED

DCYF receives and responds to reports of child abuse & neglect (RSA 169-C). Initiates and case manage court interventions; receive custody and placement responsibility of children when needed, reunify and development of permanent plans (adoption and guardianship) for children and families. Work with adolescents to establish natural permanent connections. Recruit and license foster and adoptive homes as needed (RSA 170-B & C). Specialized work with relative and post adopt families. Implement duties associated with the Interstate Compact for Children (RSA169-A).

IMPACT IF SERVICES LOST

Without child protection services children's and family's health and safety will be compromised. Children living with physical abuse, and chronic neglect will ultimately result in child deaths. Without rehabilitative services and alternative placements for children who are not safe at home children will be subjected to life threatening situations and increased harm. In addition to an increase in child deaths, a lack of response and treatment for children being sexually abused will result in increased mental health challenges, repeat of generational abuse and suicides.

CHILDREN & FAMILIES

041-5809 JUVENILE FIELD SERVICES

CLIENT PROFILE

The Division for Juvenile Justice Services (DJJS) is responsible for providing supervision and rehabilitative services to youth adjudicated under state law as Delinquent or as Children In Need of Services (CHINS).

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$9,198	\$9,355	\$10,762	\$10,873	\$10,320	\$10,305
GENERAL FUNDS	\$6,176	\$6,289	\$7,260	\$7,390	\$6,962	\$7,003
CASELOAD	4,856	5,611	5,611	5,611	5,464	5,464
COST PER CASE-TOTAL	\$1,894	\$1,667	\$1,918	\$1,938	\$1,889	\$1,886

SERVICES PROVIDED

The Division for Juvenile Justice Services (DJJS) provides supervision, case management and an array of rehabilitative services through its staff of Juvenile Probation and Parole Officers and Supervisors and a network of community-based providers who are licensed and/or certified by DHHS. Supervision, treatment, and rehabilitative services are provided to youth adjudicated under state law as delinquent (RSA 169-B) or as Children In Need of Services (CHINS) under RSA 169-D. DJJS also provides reciprocal supervision of delinquent youth from other states as part of the Interstate Compact on Juveniles (RSA 169-A).

IMPACT IF SERVICES LOST

Without interventions for youth and families struggling with CHINS or delinquent issues community and family safety will be at risk. There would be an increased likelihood of crime in the communities and youth and their families would have increased likelihood of harm and even fatal consequences based on increased violence.

In addition, if youth and families did not have access to coordinated treatment and rehabilitative services, there would be a loss of the state's ability to impact trajectory of youth going deeper into crisis (criminal or social service related), restitution and community service would be impaired and could result in safety issues for the youth, family and the community.

CHILDREN & FAMILIES

090-5190 MATERNAL - CHILD HEALTH

CLIENT PROFILE

Rounded to \$000	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$6,567	\$6,887	\$7,113	\$7,083	\$5,098	\$5,063
GENERAL FUNDS	\$4,609	\$4,933	\$5,250	\$5,222	\$3,238	\$3,208

SERVICES PROVIDED

The reduction in these funds reflect the provision of statewide primary care services for low income and uninsured families through contracts with the State’s Community Health Centers (CHC). CHCs improve the availability, access to and quality of the preventive and primary health care services and screening for NH families. Services include preventive and episodic health care for acute and chronic health conditions for individuals from all life cycles, including perinatal, child, adolescent, adult, and elderly. Community Health Centers deliver health care services to underserved people who face barriers to accessing health care, such as a lack of insurance, inability to pay, cultural and ethnic issues, and geographic isolation. Primary care agencies strive to overcome these barriers through the following services:

- Primary Health Care Services
- Case Management
- Substance Abuse, Mental Health and Oral Health Services, provided directly or through referral
- Other social services, such as transportation, nutrition counseling, health education, and translation

IMPACT IF SERVICES LOST

- In calendar year 2009, CHCs and healthcare for the homeless agencies provided care to 107,153 individuals through 484,899 health visits. In this time period, approximately 24% of clients were uninsured; 15% had Medicare coverage; and 21% had Medicaid coverage.
- In some areas, most particularly Coos County, the CHCs are not only the “safety net provider” for the uninsured, but are the only healthcare practice available for all residents.
- A decrease in funding will likely result in a proportional decrease in clients served. Those clients unable to access care at the CHCs may seek non-urgent, primary care services or care for conditions exacerbated by lack of preventive care, at higher cost hospital-based emergency departments.
- Demand for the above services will likely be borne by other state, county and local health and social service agencies, such as hospital emergency departments
- Seven of the State’s Community Health Centers are Federally Qualified Health Centers (FQHC) or Healthcare for the Homeless (HCH) programs that receive federal funds to also support care for the uninsured. These agencies received additional federal funding in June 2009 for increased demand for services. Although additional federal funding opportunities may be available to these agencies through the Affordable Care Act, for expanded medical capacity and service expansions, it is unknown at this time whether any of the New Hampshire FQHCs will successfully access this funding.

CHILDREN & FAMILIES

- The Federally funded agencies may fare better financially than the six agencies not receiving federal funds, though the financial fragility of all of these agencies is well known. Depending on the final magnitude of the cuts, some CHCs may be forced to close, impacting not just the uninsured but providers and communities as well.
- The Federal Title V(MCH) Block Grant requires a maintenance of effort of GFs of \$2,872,257. These funds support the broad scope of Maternal and Child Health services in the state. This includes not only primary and prenatal care through CHCs, but also the following maternal and child health services (and Special Medical Services in the Bureau of Developmental Services):
 - Epidemiology to track infant mortality, birth outcomes, and evaluation of services
 - Programs to prevent injuries, the leading cause of death for children in New Hampshire
 - SIDS/SUID Prevention
 - Home visiting (child and family health support)
 - Quality Assurance and clinical oversight of CHC contracts

CHILDREN & FAMILIES

041-Var SUNUNU YOUTH SERVICES CENTER

CLIENT PROFILE

The Sununu Youth Services Center (SYSC) provides an architecturally secure placement for committed juveniles, who as adults, would be imprisoned for their delinquent acts. Juveniles placed in the Sununu Youth Services Center (SYSC) range in age from 13 to 17 years old.

The Youth Detention Services Unit (YDSU) is a 24-bed co-educational secure detention center that houses youth up to 17 years of age who allegedly committed delinquent offenses and are awaiting disposition of their cases by the courts.

Rounded to \$000	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$16,162	\$16,602	\$17,326	\$17,497	\$16,749	\$16,867
GENERAL FUNDS	\$15,134	\$15,336	\$16,301	\$16,506	\$15,733	\$15,887
CASELOAD	297	297	297	297	987	987
COST PER CASE-TOTAL	\$54,419	\$55,900	\$58,336	\$58,912	\$16,972	\$17,092

SERVICES PROVIDED

The Sununu Youth Services Center program provides a secure residential unit where juvenile's participate in a prescribed behavioral program. The program encompasses academia, cottage life and group sessions.

The Youth Detention Services Unit at SYSC is a secure placement for youth involved with the NH court system prior to their adjudication. A Juvenile may also be committed to the SYSC subsequent to being adjudicated as delinquent by a NH District Court.

Most youth are detained for less than 48 hours, but others may remain longer awaiting court dispositions, placements and release to home state or adult certification. Residential staff provide for secure care and respond to youths' recreational needs. All detained youth are provided with close supervision for the duration of their stay

IMPACT IF SERVICES LOST

Youth and families would not have access to coordinated treatment and rehabilitative services. There is no other facility available for secure detention of youth who posed a risk to him/herself or the community. Loss of ability to impact trajectory of youth going deeper into crisis (criminal or social service related), restitution and community service would be impaired and increased criminal activity can lead to fatalities within families and the community.

CHILDREN & FAMILIES

095-7176 HOUSING - SHELTER PROGRAM

CLIENT PROFILE: Individuals and families who are homeless and disabled (for families head of household must be disabled).

Rounded to \$000	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$3,310	\$3,994	\$4,019	\$4,017	\$4,017	\$4,015
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
CASELOAD	3,334	3,401	3,469	3,538	3,469	3,538
COST PER CASE-TOTAL	\$993	\$1,174	\$1,159	\$1,135	\$1,158	\$1,135

SERVICES PROVIDED: Assumes a 2% annual increase in demand for service. Services include Housing Opportunities for Persons with AIDs (HOPWA) (339 served in FY'10), Transitional Supportive Housing (TSH) (103 served), Permanent Supportive Housing (PSH) (212 served), Homeless Outreach and Intervention Program (HOIP) (2,680 served)

IMPACT IF SERVICES LOST: Funding is 100% Federal Funds. Loss of service would result in these these persons who are receiving housing assistance (HOPWA, TSH, PSH) becoming homeless again. Loss of the HOIP service would result in these persons not being assisted with accessing shelter and services. For all programs the loss of these services would shift the financial burden for providing assistance to local city and town welfare authorities as mandated in RSA 165:1. I: "Whenever a person in any town is poor and unable to support himself, he shall be relieved and maintained by the overseers of Public Welfare of such town, whether or not he has residence there."

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095-7177 EMERGENCY SHELTERS

CLIENT PROFILE: Individuals and families that are homeless, or at risk of becoming homeless. 33% of those served are families, 67% self report a disability, and the average income of a person entering an emergency shelter is \$167.00 a month, or \$2,004 annually.

Rounded to \$000	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$4,036	\$3,982	\$4,154	\$4,222	\$3,858	\$3,853
GENERAL FUNDS	\$4,036	\$3,982	\$4,154	\$4,222	\$3,858	\$3,853
CASELOAD	13,486	13,756	14,031	14,312	14,031	14,312
COST PER CASE-TOTAL	\$299	\$289	\$296	\$295	\$275	\$269

SERVICES PROVIDED: Assumes a 2% increase in demand for services each year. Services include Emergency Shelter (4,681 persons served SFY' 10), the Housing Security Guarantee Program (733 households served) and Homeless Prevention (8,072 served). Homeless Prevention includes persons served by the Homeless Hotline, prevention programs providing financial assistance for rental/mortgage/utility arrearages and other assistance to prevent homelessness, and programs designed to assist people gain skills to successfully maintain housing such as budgeting and financial management.

IMPACT IF SERVICES LOST: Loss of these services would shift the financial burden for providing assistance to persons who are homeless or at risk of becoming homeless to local city and town welfare authorities as mandated in RSA 165:1. I: "Whenever a person in any town is poor and unable to support himself, he shall be relieved and maintained by the overseers of Public Welfare of such town, whether or not he has residence there."

CHILDREN & FAMILIES

045-6127 EMPLOYMENT SUPPORTS

CLIENT PROFILE

Assistance for Working Families (AWF) is a monthly financial assistance benefit to working families whose financial assistance to needy families (FANF) benefits have closed due solely to an increase in earned income. The monthly AWF benefit is intended to help stabilize the family's financial situation in the transition from welfare to work.

Rounded to \$000	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$13,166	\$15,425	\$13,935	\$14,090	\$14,065	\$13,957
GENERAL FUNDS	\$5,112	\$5,059	\$6,103	\$6,167	\$6,157	\$6,132
CASELOAD			588	588	588	588
COST PER CASE-TOTAL			\$900	\$900	\$900	\$900

SERVICES PROVIDED In addition to the cash assistance this org supports the FANF Employment Support Program. Includes the staff and services necessary to operate the New Hampshire Employment Program as mandated under RSA 167.

IMPACT IF SERVICES LOST: DFA would fail to meet the federally required 50% work participation rate. The financial penalty is twofold: 1) a maximum of \$2 million dollars per year, scaled to the degree of failure; and 2) a mandatory increase in Maintenance of Effort spending by approximately \$2 million. The financial penalty compounds each year of subsequent failure.

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040-5841 CHILD DEVELOPMENT-OPERATIONS

040-6148 CHILD DEVELOPMENT PROGRAM

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
CHILD DEVELOPMENT						
TOTAL FUNDS	\$391	\$434	\$479	\$483	\$479	\$483
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$31,217	\$36,563	\$35,788	\$35,788	\$33,487	\$33,487
GENERAL FUNDS	\$12,857	\$14,649	\$18,427	\$18,427	\$10,057	\$10,090
CASELOAD	11,931	11,931	11,931	11,931	10,314	10,314
COST PER CASE-TOTAL	\$2,649	\$3,101	\$3,040	\$3,040	\$3,247	\$3,247

040-5841 CHILD DEVELOPMENT PROGRAM

CLIENT PROFILE

The Child Development Bureau provides support and customer services for childcare providers, parents and staff across the state.

SERVICES PROVIDED

Enroll providers in the childcare program, ensure provider billing and payment issues are resolved, and monitor billing and payments to identify and recover improper payments, on behalf of parents. They also work to enhance the quality, affordability and accessibility of childcare in the state.

IMPACT IF SERVICES LOST

Childcare programs will not accept children receiving childcare scholarships and may withdraw from the program effecting parent’s ability to maintain employment. Families would not have adequate access or options for childcare. Without the support of the Child Development Bureau there would be a significant reduction in quality programs or available programs to support working parents allowing them to be self sufficient and less reliant on the state system.

040-6148 CHILD DEVELOPMENT PROGRAM

CLIENT PROFILE

Currently the program serves children of working parents whose family income is up to 160% of the federal poverty level. Court ordered child care for abused and neglected children, and children at high risk of being abused or neglected.

SERVICES PROVIDED

Child care services for low income parents who are in training, seeking work, or who are gainfully employed in order to encourage self-sufficiency and to reduce potential for dependence on public assistance. Provide child care to help reduce the incidence of child maltreatment.

IMPACT IF SERVICES LOST

Low-income parents would not be able to work or seek employment or self-sufficiency and, therefore, remain dependent of government/state services.

CHILDREN & FAMILIES

045-6146 TEMP ASSISTANCE TO NEEDY FAMILIES

CLIENT PROFILE

Cash assistance to families with dependent children through either the Family Assistance Program (FAP) or the New Hampshire Employment Program (NHEP). To qualify, the household must include the presence of a dependent child who is deprived of the support or care of a parent, lives with a parent or specified relative and is under the age of 18. Recipients of TANF cash assistance are also eligible for Medicaid.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
TANF	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$32,654	\$37,494	\$35,652	\$35,652	\$24,327	\$25,407
GENERAL FUNDS	\$6,972	\$7,925	\$13,148	\$13,148	\$10,314	\$10,314
CASELOAD	5,335	5,177	5,710	5,710	4,182	4,355
COST PER CASE-TOTAL	\$6,121	\$6,081	\$6,244	\$6,244	\$5,817	\$5,817

SERVICES PROVIDED Cash and Emergency Assistance

IMPACT IF SERVICES LOST

Three impacts are potential. 1) Costs would be downshifted to municipal cities and towns. Statute requires cities and towns to provide basic assistance; 2) To the extent that towns are relieved of their statutory burden, churches and charities are the remaining safety nets. 3) A reduction to the safety net would mean significant financial deprivation for basic living expenses (rent, clothing, etc) for New Hampshire low-income families with children

045-6153 SEPARATE STATE TANF PROGRAM

CLIENT PROFILE

This category of cash assistance represents single and two parent families that contain a child age 19 up to age 20 and still in high school or the equivalent full time. This category represents families who are eligible for the TANF program but for purposes of meeting the federal work participation requirements, were removed from the co-mingled federal/state program and captured in this solely state-funded program under authority provided in RSA 167 :77-e.

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
SEPARATE STATE TANF	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$212	\$288	\$293	\$299	\$293	\$299
GENERAL FUNDS	\$212	\$288	\$293	\$299	\$293	\$299
CASELOAD	37	49	50	51	50	51
COST PER CASE-TOTAL	\$5,719	\$6,426	\$5,868	\$5,868	\$5,868	\$5,868

SERVICES PROVIDED Cash Assistance

IMPACT IF SERVICES LOST

Three impacts are potential. 1) Costs would be downshifted to municipal cities and towns. Statute requires cities and towns to provide basic assistance; 2) To the extent that towns are relieved of their statutory burden, churches and charities are the remaining safety nets. 3) A reduction to the safety net would mean significant financial deprivation for basic living expenses (rent, clothing, etc) for New Hampshire low-income families with children

045-6176 STATE ASSIST. NON-TANF – IDP

CHILDREN & FAMILIES

CLIENT PROFILE This category of cash assistance represents families with children who are eligible for the Temporary Assistance to Needy Families (TANF) program, but for purposes of meeting the federal work participation requirements, were removed from the co-mingled federal/state program and captured in this solely state-funded program under authority provided in RSA 167: 77-e. The casehead is temporarily disabled or is the primary caregiver for a disabled dependent, which prevents the casehead from participating in the New Hampshire Employment Program (NHEP).

Rounded to \$000

	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
STATE ASSIST. NON-TANF IDP						
TOTAL FUNDS	\$3,861	\$5,212	\$5,733	\$5,850	\$4,747	\$4,762
GENERAL FUNDS	\$3,861	\$5,212	\$5,733	\$5,850	\$4,747	\$4,762
CASELOAD	781	777	834	851	693	693
COST PER CASE-TOTAL	\$6,592	\$6,617	\$6,875	\$6,875	\$6,850	\$6,872

SERVICES PROVIDED Cash Assistance

IMPACT IF SERVICES LOST: Three impacts are potential. 1) Costs would be downshifted to municipal cities and towns. Statute requires cities and towns to provide basic assistance; 2) To the extent that towns are relieved of their statutory burden, churches and charities are the remaining safety nets. 3) A reduction to the safety net would mean significant financial deprivation for basic living expenses (rent, clothing, etc) for New Hampshire low-income families with children.

045-6176STATE ASSIST. NON-TANF – UP

CLIENT PROFILE -This category of cash assistance represents families with children who are eligible for the Temporary Assistance to Needy Families (TANF) program, but for purposes of meeting the federal work participation requirements, were removed from the co-mingled federal/state program and captured in this solely state-funded program under authority provided in RSA 167 :77-e. UP households are 2-Parent households in which the primary wage earner is unemployed or underemployed.

Rounded to \$000

	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
STATE ASSIST. NON-TANF UP						
TOTAL FUNDS	\$2,252	\$1,828	\$2,607	\$2,659	\$1,756	\$1,762
GENERAL FUNDS	\$2,252	\$1,828	\$2,607	\$2,659	\$1,756	\$1,762
CASELOAD	315	261	352	359	251	254
COST PER CASE-TOTAL	\$7,150	\$6,951	\$7,406	\$7,406	\$6,995	\$6,936

SERVICES PROVIDED Cash Assistance

IMPACT IF SERVICES LOST:

Three impacts are potential. 1) Costs would be downshifted to municipal cities and towns. Statute requires cities and towns to provide basic assistance; 2) To the extent that towns are relieved of their statutory burden, churches and charities are the remaining safety nets. 3) A reduction to the safety net would mean significant financial deprivation for basic living expenses (rent, clothing, etc) for New Hampshire low-income families with children.

CHILDREN & FAMILIES

095-6128 CHILD SUPPORT SERVICES

Rounded to \$000	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$10,174	\$11,885	\$13,230	\$13,305	\$12,577	\$12,601
GENERAL FUNDS	\$3,776	\$3,053	\$3,933	\$3,957	\$3,711	\$3,718
CASELOAD	35,950	36,000	36,000	36,000	36,000	36,000
COST PER CASE-TOTAL	\$283	\$330	\$367	\$370	\$349	\$350

095-5684 CHILD SUPPORT LEGAL

Rounded to \$000	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$1,742	\$1,956	\$2,076	\$2,077	\$1,995	\$1,988
GENERAL FUNDS	\$592	\$654	\$706	\$706	\$678	\$676
CASELOAD	35,950	36,000	36,000	36,000	36,000	36,000
COST PER CASE-TOTAL	\$48	\$54	\$58	\$58	\$55	\$55

SERVICES PROVIDED:

Services must be made available to any individual who applies, regardless of income. Families on TANF receive child support services as a condition of their eligibility for public assistance and all rights to child support are assigned to the state. Cases fall into three categories:

Current Assistance = 5,645 (currently receiving public assistance)

Former Assistance = 17,262 (received TANF assistance in the past)

Never Assistance = 13,026 (have never received TANF assistance)

The Former Assistance cases are the most fragile and the reliable receipt of child support is essential to keeping these families from moving back onto public assistance. With the exception of Current Assistance cases, all other cases will be impacted by cost recovery fees: \$3.00 for each child support disbursement over \$20.00 (SFY '12) to be replaced by \$10.00 for disbursements over \$50.00 per month (SFY '13); \$15.00 per annual IRS offset; and \$5.00 per month for Non IV-D wage withholding cases (SFY '13). These fees are subject to rulemaking authority.

Child Support services are mandated under Title IV-D of the Social Security Act (42 USC 651-669), Code of Federal Regulations 45 CFR part 300-310, and RSAs 126A; 161; 161-B; 161-C; 458-B; 461-A; 546-B. Services include: establishment of paternity and support orders, enforcement of financial and medical support orders, distribution and disbursement of child support collections. Child Support collections in TANF cases are retained by the state and used to offset general funds. Amounts retained by the state are not included in the child support budget.

IMPACT IF SERVICES LOST

Child Support consists of private funds collected from parents who are legally obligated to support their children. If child support services are lost, the financial stability of families would be compromised and the need for public assistance would increase. Program penalties and sanctions would be imposed on the state for failure to comply with the above referenced federally mandated requirements. There would also be a financial penalty imposed on the TANF block grant.

CHILDREN & FAMILIES

090-5530 FAMILY PLANNING PROGRAM

Rounded to \$000

	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$2,357	\$2,370	\$2,411	\$2,408	\$2,272	\$2,139
GENERAL FUNDS	\$877	\$954	\$958	\$957	\$821	\$691

SERVICES PROVIDED Over the past 40 years, Title X family planning clinics have played a critical role in ensuring access to a broad range of family planning and related preventive health services for low-income or uninsured individuals and others. In addition to contraceptive services and related counseling, Title X-supported clinics provide a number of related preventive health services such as:

- Patient education and counseling;
- Breast and pelvic examinations;
- Breast and cervical cancer screening according to nationally recognized standards of care;
- Sexually transmitted disease (STD) and Human Immunodeficiency Virus (HIV) prevention education, counseling, testing and referral; and
- Pregnancy diagnosis and counseling.
- The package of services provided in a Family Planning clinic is the same as is provided in a woman’s gynecological exam. This is often a woman’s entry point into the health care system.
 - Six out of 10 women who obtain care at a Family Planning clinic consider it their usual source of medical care.
 - One in six women obtain their Pap test or pelvic exam in a Family Planning clinic.
- One third of the women have an HIV test or receive counseling, testing or treatment for an STD other than HIV in a Family Planning clinic.

The New Hampshire Title X Family Planning Program funds 11 delegate agencies. Title X Family Planning services are currently provided statewide at 28 clinical sites. Seven Community Health Centers are delegate agencies, operating 15 out of the 28 clinical sites. The screening and care providing by Title X agencies can often be the only healthcare services that some Family Planning Program clients receive

IMPACT IF SERVICES LOST

- 13,738 citizens <100% FPL received services funded by 100% Family Planning funds in New Hampshire in 2010. 21,370 citizens whose incomes are less than 250% of FPL received services.
- Decrease in funding will result in a disproportionate decrease in clients served, because some of these agencies will no longer be able to provide Title X related Services.
- In some areas, most particularly Coos county, the CHC/Family Planning delegate agency is not only the “safety net provider” for the uninsured, but is the only healthcare practice available for all residents.
- If agencies could not continue to deliver family planning services, it would jeopardize New Hampshire’s current Title X State Plan and funding agreement with the federal government. This could impact the amount of Title X funding New Hampshire receives, further jeopardizing family planning services to the neediest New Hampshire citizens.

CHILDREN & FAMILIES

- Because these funds help support the infrastructure of the safety net services for family planning, the reduction may impact more than just the availability of services for the proportional decrease in low-income clients.
- Every dollar invested in family planning services saves \$4.00 in other health and social services.

CHILDREN & FAMILIES

090-5177 VACCINES - INSURER

090-5178 IMMUNIZATION PROGRAM

Rounded to \$000	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
VACCINES - INSURERS						
TOTAL FUNDS	\$14,247	\$22,000	\$20,000	\$20,000	\$20,000	\$20,000
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
IMMUNIZATION PROGRAM						
TOTAL FUNDS	\$2,034	\$2,451	\$2,301	\$2,319	\$2,301	\$2,319
GENERAL FUNDS	\$573	\$458	\$472	\$486	\$472	\$486

SERVICES PROVIDED

Distribute vaccines for all children in NH with the intent of decreasing vaccine preventable disease. Lack of general funds to support this effort may trigger a cascading effect where private organizations may feel they are not obligated to contribute toward the system. Vaccine availability decreased may result in limited access to vaccine for children and an increase in disease burden. The increase in vaccine preventable disease occurrence may broaden the impact to public health, as community protection from illness will decrease (increase population vulnerability to disease). Staff and program will continue but likely to be a limited scope (federal funders may not continue funding without supporting the program mission) and loss of funding may negatively impact current program activity including applying best practices, vaccine tracking and accountability and overall immunization rates for the state. The program staff and activities invest resources toward strengthening provider partnerships and to serve as resources to ensure vaccine accountability and cost efficient use (minimal wastage) by providing and monitoring clinical best practices of vaccine distribution, handling and storage.

IMPACT IF SERVICES LOST

- Vaccine may be in limited supply in provider offices for children.
- Increased incidence of vaccine preventable disease such as pertussis may occur.
- Decreased community protection will likely increase the probability of disease transmission resulting in the occurrence of larger outbreaks of vaccine preventable diseases, deaths may occur particularly in vulnerable populations such as young children.
- Increase illness will impact medical providers increasing office visits and health care costs due to increased disease incidence.

CHILDREN & FAMILIES

090-2207 WIC FOOD REBATES

90-5260 WIC SUPPLEMENTAL NUTRITION PRG

Rounded to \$000	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
WIC FOOD REBATES						
TOTAL FUNDS	\$3,290	\$5,008	\$5,008	\$5,008	\$5,008	\$5,008
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
WIC SUPPLMT NUTRITION						
TOTAL FUNDS	\$12,975	\$14,785	\$14,699	\$14,681	\$14,683	\$14,650
GENERAL FUNDS	\$0	\$11	\$10	\$10	\$10	\$10

SERVICES PROVIDED

Women, Infant and Children (WIC) provides supplemental foods, breastfeeding support, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

National WIC studies conducted by the U.S. Department of Agriculture (USDA) have shown that WIC enrollment leads to longer pregnancies, fewer premature births, and a greater likelihood of receiving prenatal care; higher mean intakes of iron, vitamin C, thiamin, niacin and vitamin B6; and decreased rates of iron deficiency anemia.

Commodity Supplemental Food Program (CSFP) provides federal commodity foods to postpartum women and preschool children whose WIC eligibility has expired and to low-income seniors.

Farmers Market Nutrition Program (FMNP) provides coupons for fresh fruits and vegetables to seniors each summer. The benefits of fresh produce are well documented and the FMNP expands the market for locally grown produce. All participating farmers have expanded their crops as a result of FMNP business.

- 18,000 participants a month provided services, including supplemental nutritious foods for high-risk population of low-income pregnant women and preschool children.
- Over 240 local merchants receive over \$9,274,382 a year in reimbursement for food costs.
- Of women enrolled in WIC, breastfeeding initiation was 69% and breastfeeding at 6 months was 26% (2009). Breastfeeding has increased steadily in the WIC population from 1984 when only 47% women breastfed to 69% in 2009. Breastfeeding is a highly proven primary prevention strategy in reducing the risk of diseases, such as childhood obesity, cancer, and diabetes.
- 7,264 seniors will be provided locally grown fruits and vegetables.
- NH farmers will receive approximately \$82,987 in reimbursement for food costs.

IMPACT IF SERVICES LOST

NH population in need will not be able to access the services and there will be a financial impact on the business community.

CHILDREN & FAMILIES

095-6138 SCHIP

CLIENT PROFILE

Premium based, managed care plan for children 1-19, 185%-300% FPL. Federal match rate = 65%. Average time a child is on CHIP is six months. CHIP serves as safety net for families who have lost employer sponsored insurance including those who are self-employed. Families 185% - 250% FPL pay \$32.00 per child per month. Families 250%-300% FPL pay \$54.00 per child per month. Other cost sharing includes co-pays. Out of pocket expenses limited to 5% income per federal regulations. Current Caseload 7,994 children.

Cost Figures Rounded to \$000

SCHIP	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$16,830	\$16,830	\$16,830	\$16,830	\$16,830	\$16,830
GENERAL FUNDS	\$5,891	\$5,891	\$5,891	\$5,891	\$5,891	\$5,891
CASELOAD	7,994	8,615	9,338	10,152	9,338	10,152
COST PER CASE-TOTAL	\$2,105	\$1,954	\$1,802	\$1,658	\$1,802	\$1,658

SERVICES PROVIDED

Set of health care benefits focused on wellness and prevention that meet federal requirement for benchmark coverage. Pre-paid limited dental benefit. DHHS contracts with NH Healthy Kids Corp. for administrative services including: assisting families with application and enrollment processes; outreach and education; processing of monthly premiums; maintain call center. NHHK subcontracts with Harvard Pilgrim and Northeast Delta Dental as insurance underwriters. Also negotiate discounted rates with hospitals and other providers totaling \$3.4M annually. CHIPRA 2009 dental requirements and State mandate to cover autism spectrum disorders will impact cost of program significantly.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. No ability to reduce benefits due to benchmark requirement for managed care plans. Options: consider exempting program from autism spectrum coverage mandate; consider transition from stand-alone program to Medicaid expansion to reduce medical services costs and/or transition day-to-day administration into DHHS to reduce administrative costs.

CHILDREN & FAMILIES

095-6147 Provider Payments and 095-6143 Pharmacy

CLIENT PROFILE

Children (0 to 18) enrolled in Medicaid through the Aid to Needy Blind eligibility category who are determined to be legally blind receive full Medicaid benefit. Current caseload 140 children.

Cost Figures Rounded to \$000

ANB Child 0 to 18 yrs old Provider Payments	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$4,252	\$4,817	\$5,344	\$6,009	\$4,789	\$4,800
GENERAL FUNDS	\$2,126	\$2,408	\$2,672	\$3,005	\$2,394	\$2,400
CASELOAD	142	144	150	154	147	148
COST PER CASE-TOTAL FUNDS	\$29,941	\$33,337	\$35,624	\$38,938	\$32,654	\$32,404
ANB Child 0 to 18 yrs old Pharmacy	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$382	\$454	\$420	\$443	\$416	\$439
GENERAL FUNDS	\$191	\$227	\$210	\$221	\$208	\$219
CASELOAD	142	144	150	154	147	148
COST PER CASE-TOTAL FUNDS	\$2,693	\$3,139	\$2,799	\$2,869	\$2,836	\$2,963

SERVICES PROVIDED

Mandate Patients Top Categories of Service

Fed	93	OUTPATIENT HOSPITAL GENERAL
Fed	32	HOME HEALTH SERVICES
Fed	19	INPATIENT HOSPITAL GENERAL
Fed	122	OTHER FED MANDATE
State	14	OTHER STATE MANDATE
Opt	28	PRIVATE DUTY NURSING
Opt	95	MEDICAL SUPPLIES AND DME
Opt	55	OTHER OPTIONAL
Opt	123	DISPENSE PRESCRIBED DRUGS
	142	SFY 2010 Unique Count of Patients in Group

CHILDREN & FAMILIES

SERVICES PROVIDED: Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are drugs, medical supplies and durable medical equipment and outpatient hospital services. Reduction and/or elimination of Optional Benefits not realistic due to EPSDT (Early Periodic Screening, Diagnosis and Treatment) requirement that requires a state to cover a service even if not contained in the Medicaid state plan if deemed medically necessary by a physician.

CHILDREN & FAMILIES

CLIENT PROFILE

Adults (19+) enrolled in Medicaid through the Aid to Needy Blind program who are determined to be legally blind and receive full Medicaid benefit. Current caseload 300.

Cost Figures Rounded to \$000

ANB Adult 19 Plus Provider Payments	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$1,947	\$2,196	\$2,407	\$2,696	\$2,173	\$2,185
GENERAL FUNDS	\$974	\$1,098	\$1,204	\$1,348	\$1,086	\$1,092
CASELOAD	296	301	313	322	306	309
COST PER CASE-TOTAL	\$6,579	\$7,292	\$7,699	\$8,380	\$7,107	\$7,077
ANB Adult 19 Plus Pharmacy	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$568	\$674	\$624	\$658	\$618	\$652
GENERAL FUNDS	\$284	\$337	\$312	\$329	\$309	\$326
CASELOAD	296	301	313	322	306	309
COST PER CASE-TOTAL	\$1,920	\$2,238	\$1,996	\$2,046	\$2,022	\$2,113

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	214	OUTPATIENT HOSPITAL GENERAL
Fed	3	SNF NURSING HOME ATYPICAL CARE
Fed	24	HOME HEALTH SERVICES
Fed	56	INPATIENT HOSPITAL GENERAL
Fed	265	PHYSICIANS SERVICES
Fed	11	SKILL NURSING FAC NURSING HOME
Fed	107	OTHER FED MANDATE
State	1	OTHER STATE MANDATE
Opt	3	PRIVATE DUTY NURSING
Opt	121	MEDICAL SUPPLIES AND DME
Opt	125	OTHER OPTIONAL
Opt	222	DISPENSE PRESCRIBED DRUGS
	296	SFY 2010 Unique Count of Patients in Group

CHILDREN & FAMILIES

SERVICES PROVIDED: Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physicians, drugs and outpatient hospital. Medicaid Optional Benefits could be eliminated for this eligibility category however, DHHS does not support elimination of the pharmacy benefit.

CHILDREN & FAMILIES

CLIENT PROFILE

Children enrolled in Medicaid as a result of being in foster care or post-foster care adoption.
Current caseload 2,800.

Cost Figures Rounded to \$000

Foster Care Adoption Subsidy Provider Payments	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$4,944	\$5,544	\$5,987	\$6,670	\$5,452	\$5,505
GENERAL FUNDS	\$2,472	\$2,772	\$2,994	\$3,335	\$2,726	\$2,753
CASELOAD	2,801	2,850	2,959	3,044	2,893	2,922
COST PER CASE-TOTAL	\$1,765	\$1,945	\$2,023	\$2,191	\$1,885	\$1,884
Foster Care Adoption Subsidy Pharmacy	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$2,802	\$3,324	\$3,077	\$3,245	\$3,048	\$3,216
GENERAL FUNDS	\$1,401	\$1,662	\$1,539	\$1,623	\$1,524	\$1,608
CASELOAD	2,801	2,850	2,959	3,044	2,893	2,922
COST PER CASE-TOTAL	\$1,001	\$1,166	\$1,040	\$1,066	\$1,054	\$1,101

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	1,442	OUTPATIENT HOSPITAL GENERAL
Fed	54	INPATIENT HOSPITAL GENERAL
Fed	1,827	DENTAL SERVICE
Fed	2,125	PHYSICIANS SERVICES
Fed	603	FQHC AND RHC
Fed	479	OTHER FED MANDATE
State	30	OTHER STATE MANDATE
Opt	610	PSYCHOLOGY
Opt	166	MEDICAL SUPPLIES AND DME
Opt	9	PRIVATE DUTY NURSING
Opt	725	OTHER OPTIONAL
Opt	2,117	DISPENSE PRESCRIBED DRUGS
	2,801	SFY 2010 Unique Count of Patients in Group

CHILDREN & FAMILIES

SERVICES PROVIDED: Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physicians, drugs and dental. Reduction and/or elimination of Optional Benefits not realistic due to EPSDT (Early Periodic Screening, Diagnosis and Treatment) requirement that requires a state to cover a service even if not contained in the Medicaid state plan if deemed medically necessary by a physician.

CHILDREN & FAMILIES

CLIENT PROFILE

Home Care for Children With Severe Disabilities. Children eligibility citatory provides Medicaid benefits that allow child to remain in the home rather than in an institution. Current caseload 1,700.

Cost Figures Rounded to \$000

HC CSD (Katie Beckett) Child Provider Payments	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$12,375	\$13,969	\$15,350	\$17,204	\$13,833	\$13,902
GENERAL FUNDS	\$6,188	\$6,984	\$7,675	\$8,602	\$6,917	\$6,951
CASELOAD	1,693	1,723	1,789	1,840	1,748	1,766
COST PER CASE-TOTAL	\$7,310	\$8,109	\$8,582	\$9,350	\$7,912	\$7,872

HC CSD (Katie Beckett) Child Pharmacy	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$3,188	\$3,781	\$3,500	\$3,691	\$3,467	\$3,658
GENERAL FUNDS	\$1,594	\$1,890	\$1,750	\$1,846	\$1,734	\$1,829
CASELOAD	1,693	1,723	1,789	1,840	1,748	1,766
COST PER CASE-TOTAL	\$1,883	\$2,195	\$1,957	\$2,006	\$1,983	\$2,072

SERVICES PROVIDED

Mandate Patients Top Categories of Service

Fed	889	OUTPATIENT HOSPITAL GENERAL
Fed	158	HOME HEALTH SERVICES
Fed	93	INPATIENT HOSPITAL GENERAL
Fed	1,222	PHYSICIANS SERVICES
Fed	818	OTHER FED MANDATE
State	1	OTHER STATE MANDATE
Opt	76	PRIVATE DUTY NURSING
Opt	545	OTHER OPTIONAL
Opt	662	MEDICAL SUPPLIES AND DME
Opt	1,450	DISPENSE PRESCRIBED DRUGS
		<hr/>
	1,693	SFY 2010 Unique Count of Patients in Group

CHILDREN & FAMILIES

SERVICES PROVIDED: Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

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Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physicians, drugs and outpatient hospital services. Reduction and/or elimination of Optional Benefits not realistic due to EPSDT (Early Periodic Screening, Diagnosis and Treatment) requirement that requires a state to cover a service even if not contained in the Medicaid state plan if deemed medically necessary by a physician.

CHILDREN & FAMILIES

CLIENT PROFILE

Children (0-18) enrolled in Medicaid due to low-income status (< 185% FPL). Often referred to as “TANF” population. Eligibility group broken out by ages and federal poverty levels as part of determining eligibility however for the purpose of the Building Blocks Budget the costs have been aggregated. Current caseload 84,500.

Cost Figures Rounded to \$000

NonPreg Child 0 to 18 TANF Poverty Provider Payments	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$105,927	\$118,755	\$128,145	\$142,719	\$116,743	\$117,912
GENERAL FUNDS	\$52,964	\$59,378	\$64,072	\$71,359	\$58,372	\$58,956
CASELOAD	84,926	86,412	89,717	92,297	87,708	88,585
COST PER CASE-TOTAL	\$1,247	\$1,374	\$1,428	\$1,546	\$1,331	\$1,331

NonPreg Child 0 to 18 TANF Poverty Pharmacy	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$25,697	\$30,478	\$28,216	\$29,756	\$27,951	\$29,492
GENERAL FUNDS	\$12,848	\$15,239	\$14,108	\$14,878	\$13,976	\$14,746
CASELOAD	84,926	86,412	89,717	92,297	87,708	88,585
COST PER CASE-TOTAL	\$303	\$353	\$314	\$322	\$319	\$333

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	45,425	OUTPATIENT HOSPITAL GENERAL
Fed	5,974	INPATIENT HOSPITAL GENERAL
Fed	69,842	PHYSICIANS SERVICES
Fed	49,414	DENTAL
Fed	13,801	FQHC AND RHC
Fed	1,444	HOME HEALTH SERVICES
Fed	9,495	OTHER FED MANDATE
State	1,519	OTHER STATE MANDATE
Opt	4,608	MEDICAL SUPPLIES AND DME
Opt	4,080	PSYCHOLOGY
Opt	15,342	OTHER OPTIONAL
Opt	57,794	DISPENSE PRESCRIBED DRUGS
	84,926	SFY 2010 Unique Count of Patients in Group

CHILDREN & FAMILIES

SERVICES PROVIDED: Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
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Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physicians, drugs and dental services. Reduction and/or elimination of Optional Benefits not realistic due to EPSDT (Early Periodic Screening, Diagnosis and Treatment) requirement that requires a state to cover a service even if not contained in the Medicaid state plan if deemed medically necessary by a physician.

CHILDREN & FAMILIES

CLIENT

Children (0-18) enrolled in Medicaid due to low-income status (<185% FPL) that are pregnant.
Current caseload 628.

Cost Figures Rounded to \$000

Preg Child 0 to 18 TANF Poverty Provider Payments	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$1,207	\$1,075	\$1,163	\$1,296	\$1,058	\$1,068
GENERAL FUNDS	\$603	\$538	\$581	\$648	\$529	\$534
CASELOAD	628	639	663	683	649	655
COST PER CASE-TOTAL	\$1,922	\$1,683	\$1,753	\$1,899	\$1,631	\$1,630

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	215	INPATIENT HOSPITAL GENERAL
Fed	422	PHYSICIANS SERVICES
Fed	464	OUTPATIENT HOSPITAL GENERAL
Fed	125	FQHC AND RHC
Fed	238	OTHER FED MANDATE
State	32	OTHER STATE MANDATE
Opt	324	OTHER OPTIONAL
	628	SFY 2010 Unique Count of Patients in Group

CHILDREN & FAMILIES

SERVICES PROVIDED: Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physician services and outpatient hospital services. Reduction and/or elimination of Optional Benefits not realistic due to EPSDT (Early Periodic Screening, Diagnosis and Treatment) requirement that requires a state to cover a service even if not contained in the Medicaid state plan if deemed medically necessary by a physician.

CHILDREN & FAMILIES

CLIENT PROFILE

Adults (19-64) enrolled in Medicaid through TANF, refugee assistance, or post partum extended eligibility, and not pregnant during period. Current caseload 21,200.

Cost Figures Rounded to \$000

NonPreg Adult 19 plus TANF Poverty Provider Payments	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$41,782	\$46,304	\$48,399	\$53,290	\$44,945	\$45,792
GENERAL FUNDS	\$20,891	\$23,152	\$24,200	\$26,645	\$22,473	\$22,896
CASELOAD	21,277	21,649	22,477	23,124	21,974	22,194
COST PER CASE-TOTAL	\$1,964	\$2,139	\$2,153	\$2,305	\$2,045	\$2,063

NonPreg Adult 19 plus TANF Poverty Pharmacy	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$13,830	\$16,403	\$15,186	\$16,015	\$15,044	\$15,873
GENERAL FUNDS	\$6,915	\$8,202	\$7,593	\$8,008	\$7,522	\$7,936
CASELOAD	21,277	21,649	22,477	23,124	21,974	22,194
COST PER CASE-TOTAL	\$650	\$758	\$676	\$693	\$685	\$715

SERVICES PROVIDED

Mandate Patients Top Categories of Service

Fed	15,347	OUTPATIENT HOSPITAL GENERAL
Fed	17,007	PHYSICIANS SERVICES
Fed	1,414	INPATIENT HOSPITAL GENERAL
Fed	4,098	FQHC AND RHC
Fed	8,012	OTHER FED MANDATE
State	6	OTHER STATE MANDATE
Opt	6,785	OTHER OPTIONAL
Opt	874	MEDICAL SERVICES CLINIC
Opt	16,210	DISPENSE PRESCRIBED DRUGS
	<u>21,277</u>	<u>SFY 2010 Unique Count of Patients in Group</u>

CHILDREN & FAMILIES

SERVICES PROVIDED: Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
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Private Duty Nursing	Requires prior authorization per He-W 540.
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Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physicians services, drugs and outpatient hospital services. Medicaid Optional Benefits may be eliminated for this eligibility group however, DHHS does not recommend eliminating pharmacy benefit.

CHILDREN & FAMILIES

CLIENT PROFILE

Adult (19+) enrolled in Medicaid through TANF, refugee assistance, or extended eligibility and pregnant during period or due to poverty level and pregnancy (MMIS does not contain data needed to specifically distinguish women enrolled due to pregnancy). Current caseload 7,700.

Cost Figures Rounded to \$000

Preg Adult 19 plus TANF Poverty Provider Payments	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$19,837	\$22,303	\$24,252	\$27,083	\$21,993	\$22,167
GENERAL FUNDS	\$9,919	\$11,152	\$12,126	\$13,542	\$10,997	\$11,083
CASELOAD	7,728	7,863	8,164	8,399	7,981	8,061
COST PER CASE-TOTAL	\$2,567	\$2,836	\$2,971	\$3,225	\$2,756	\$2,750
Preg Adult 19 plus TANF Poverty Pharmacy	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$916	\$1,086	\$1,005	\$1,060	\$996	\$1,051
GENERAL FUNDS	\$458	\$543	\$503	\$530	\$498	\$525
CASELOAD	7,728	7,863	8,164	8,399	7,981	8,061
COST PER CASE-TOTAL	\$118	\$138	\$123	\$126	\$125	\$130

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	6,060	OUTPATIENT HOSPITAL GENERAL
Fed	5,994	PHYSICIANS SERVICES
Fed	3,841	INPATIENT HOSPITAL GENERAL
Fed	1,680	FQHC AND RHC
Fed	2,932	OTHER FED MANDATE
Opt	1,201	OTHER OPTIONAL
Opt	204	MEDICAL SERVICES CLINIC
Opt	4,261	DISPENSE PRESCRIBED DRUGS
	<u>7,728</u>	<u>SFY 2010 Unique Count of Patients in Group</u>

CHILDREN & FAMILIES

SERVICES PROVIDED: Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

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Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physician services, drugs and outpatient hospital services. Elimination of Medicaid optional benefits is possible however DHHS does not recommend eliminating pharmacy benefit.

CHILDREN & FAMILIES

CLIENT PROFILE

Qualified Medicare Beneficiaries only (no other Medicaid enrollment). Elderly > 64 years old who are enrolled in Medicare and are eligible for Medicaid due to poverty level. Often referred to as “dually eligible” or “Duals”. Medicaid pays Medicare Part B premiums so that Medicare covers health care services first before state pays via Medicaid. Current caseload 5,300.

Cost Figures Rounded to \$000

QMB Provider Payments	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$5,590	\$6,171	\$6,380	\$6,996	\$5,964	\$6,094
GENERAL FUNDS	\$2,795	\$3,085	\$3,190	\$3,498	\$2,982	\$3,047
CASELOAD	5,375	5,469	5,678	5,842	5,551	5,607
COST PER CASE-TOTAL	\$1,040	\$1,128	\$1,124	\$1,198	\$1,074	\$1,087

SERVICES PROVIDED

Mandate Patients Top Categories of Service

Fed	4,165	OUTPATIENT HOSPITAL GENERAL
Fed	4,589	PHYSICIANS SERVICES
Fed	735	INPATIENT HOSPITAL GENERAL
Opt	1,423	MEDICAL SUPPLIES AND DME
Fed	1,418	OTHER FED MANDATE
Opt	1,335	OTHER OPTIONAL
	<u>5,375</u>	<u>SFY 2010 Unique Count of Patients in Group</u>

CHILDREN & FAMILIES

SERVICES PROVIDED: Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

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Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are medical supplies and durable medical equipment, outpatient hospital and physician services. Optional Medicaid benefits can be eliminated for this eligibility group. Medicare provides pharmacy coverage through Part D thus no pharmacy benefit to eliminate in this group.