



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Jeffrey A. Meyers
Commissioner

February 3, 2016

The Honorable Neal M. Kurk, Chairman
Fiscal Committee of the General Court
State House
Concord, NH 03301

Re: INFORMATIONAL ITEM: Health and Human Services Dashboard

Information

The Department of Health and Human Services (DHHS) hereby submits as an information item the Department's monthly dashboard in order to inform the legislature and the public on the current status of the utilization of the Department's programs and services and the related implications for the Department's budget. The monthly dashboard also includes a status report on significant initiatives being implemented to transform and improve the Department's programs. Please note that financial information contained in this monthly dashboard is current through January 2016, while caseload information is current through December 2015.

Explanation

Funding Issues

As of January 31, 2016, the Department has identified a budget deficit of \$32.0 million, on a cash basis, prior to accounting for lapse. This shortfall results from unexpected costs not budgeted and budget assumptions that either have not been realized or that are not now anticipated to be realized. Current deficits in the Medicaid program (Non NHHPP) account for 90% of the identified shortfall.

Figures in \$Millions

Medicaid	\$27.8
SYSC	\$1.7
Other	<u>\$2.5</u>
Total Shortfall	\$32.0
Estimated Lapse	<u>\$24.8</u>
Net Deficit	<u>(\$7.2)</u>

At this point in time, there has been no reduction in programs or services to fund the projected deficit. As such, the Department would need to use funds that would otherwise lapse to cover the anticipated shortfall. While it is still early in the fiscal year to project final lapse estimates as of June 30th, the Department lapse is currently estimated at \$24.8 million.

Medicaid Shortfall

The current Medicaid shortfall is due to the following:

- Mandatory enrollment delays
- Caseload increases not assumed in the budget
- Changes to the per member/per month cost of managed care
- The cost of CMHC services outside of PMPM
- Part A & B premium increases
- Part D (state phase down) rate increases
- Higher than expected Health Insurer Fee reimbursement

Caseload Trends	SFY 16	SFY 15	SFY 14
	12/31/2015	6/30/2015	6/30/2014
Medicaid Standard	138,959	138,252	139,105
<i>% increase over py</i>	0.5%	-0.6%	
NHHPP	46,996	41,657	-
<i>% increase over py</i>	12.8%		

Sununu Youth Services Center (SYSC)

New Hampshire Laws of 2015, Chap. 276, (HB2), requires a reduction in appropriation to SYSC of \$1.7 million general funds for SFY16 and \$3.5 million for SFY17 and for the Department to develop a plan around the use of SYSC. The Department’s proposal to meet these reductions involves transforming the facility to a multi-use facility that includes a residential treatment center. A Psychiatric Residential Treatment Facility (PRTF) will support a continuum of care model for juvenile justice youth and those at risk for being involved with the juvenile justice system who experience a mental or behavioral health diagnosis. The time periods established in HB2 for the reductions, however, do not allow sufficient time to apply for and obtain the necessary CMS approvals for the PRTF in time to achieve the mandated savings during SFY16. The Department anticipates that the reduction of \$1.7 million for the current fiscal year will be from funds that would otherwise lapse.

NHH Inpatient Stabilization Unit & Nurse Recruitment

Last month, as a result of support and approval from the Governor and Executive Council, the Department will now be able to offer nurses a 15% salary enhancement in order to better compete with recent salary trends for nurses in the private sector for staffing the new Inpatient Stabilization Unit at New Hampshire Hospital.

The Department is now undertaking every effort to recruit the necessary nursing staff so that the new unit may be opened as expeditiously as possible.

Yet, even with this salary enhancement, New Hampshire Hospital faces challenges in nurse recruitment. In October 2014, 10% of the nursing positions were vacant and just one year later the vacancy rate has grown to 22%. The problems at New Hampshire Hospital are not unique and reflect a nationwide shortage of nurses. The American Association of Colleges of Nursing (AACN) states that “employers must engage in *creative* recruitment strategies to attract and retain qualified nurses, particularly registered nurses, where job growth is expected to rise by 26 percent by 2020, according to the U.S. Bureau of Labor Statistics.”

“*Creative* recruitment strategies” referred to by AACN are unavailable to New Hampshire Hospital. Many health facilities are offering sign-on bonuses that are not allowed under the State system. In addition, most health care facilities provide education subsidies and tuition reimbursement programs for nurses. The education assistance program offered to NHH employees in the past was eliminated several years ago as a budget reduction measure. The Department must and will continue to research ways to strengthen the workforce.

Transformation Initiatives

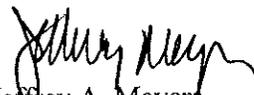
The Department is currently engaged in a number of significant initiatives that will help transform the delivery of services and programs. This new section provides a summary of key initiatives. While the list is not all inclusive of the Department’s projects, it does highlight several of the key projects of highest importance at this time. While the fiscal year progresses, this section will include updates to these projects and will include new initiatives. The initiatives included in this month’s dashboard are:

- NHHPP Premium Assistance Program (PAP)
- Medicaid Care Management Step 2
- Community Mental Health Agreement Compliance
- Substance Use Disorder (SUD) Benefit for Standard Medicaid
- Therapeutic Cannabis
- Balancing Incentive Program (BIP)
- Food Protection – LBA Performance Audit
- State Innovation Model (SIM)

Summary

The Department has always strived to deliver high quality and cost-effective services to individuals in most need of support. Achieving this goal is especially challenging with limited resources and current workforce issues. The Department's ability to adequately provide quality services to our most vulnerable citizens depends upon strong provider networks and a robust delivery system that is able to transition to a sustainable value-based payment system. These issues merit the legislature's closest attention in the current legislative session and beyond. As commissioner, I look forward to working with all concerned to ensure the success of the Department's programs for the people that we serve.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner

Enclosure

cc: Her Excellency, Governor Margaret Wood Hassan
The Honorable Neal M. Kurk, Chairman, House Finance Committee
The Honorable Chuck W. Morse, President, NH State Senate
The Honorable Shawn Jasper, Speaker, NH House of Representatives
Michael W. Kane, Legislative Budget Assistant

Executive Council

The Honorable Colin Van Ostern	The Honorable David K. Wheeler	The Honorable Christopher T. Sununu
The Honorable Joseph D. Kenney	The Honorable Christopher C. Pappas	

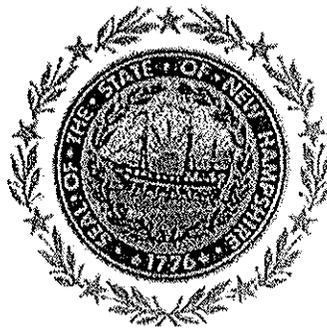
House Finance Committee

The Honorable Mary Allen	The Honorable William Hatch	The Honorable Marjorie Smith
The Honorable Richard Barry	The Honorable Peter Leishman	The Honorable Peter Spanos
The Honorable Thomas Buco	The Honorable Dan McGuire	The Honorable Timothy Twombly
The Honorable Frank Byron	The Honorable Betsy McKinney	The Honorable Karen Umberger
The Honorable David Danielson	The Honorable Sharon Nordgren	The Honorable Mary Jane Wallner
The Honorable Daniel Eaton	The Honorable Lynne Ober	The Honorable Robert Walsh
The Honorable J. Tracy Emerick	The Honorable Katherine Rogers	The Honorable Kenneth Weyler
The Honorable Joseph Pitre	The Honorable Cindy Rosenwald	
The Honorable Susan Ford	The Honorable Laurie Sanborn	

Senate Finance Committee

The Honorable Jeanie Forrester	The Honorable Lou D'Allesandro	The Honorable Andrew Hosmer
The Honorable Gerald Little	The Honorable John Reagan	

DEPARTMENT OF HEALTH AND HUMAN SERVICES



OPERATING STATISTICS DASHBOARD

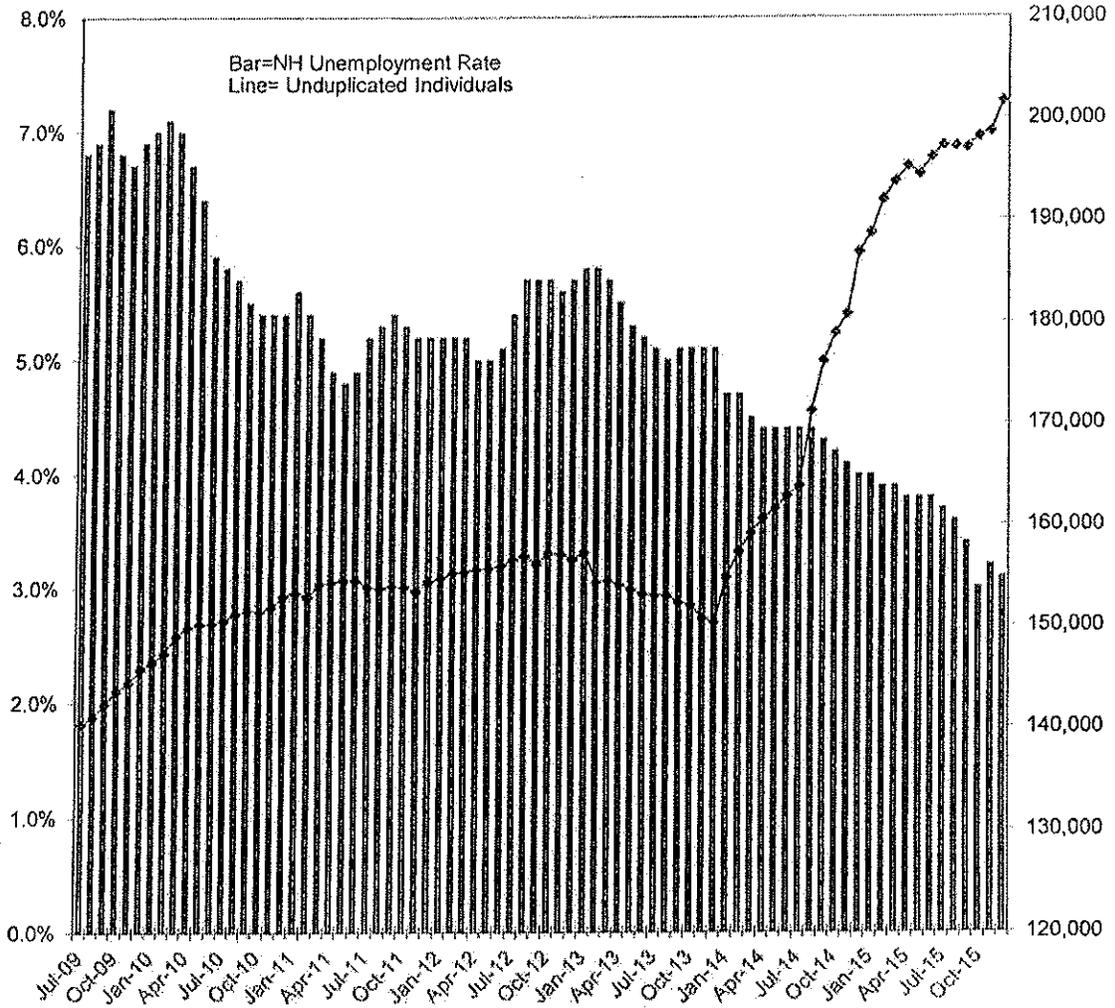
Fiscal February 2016

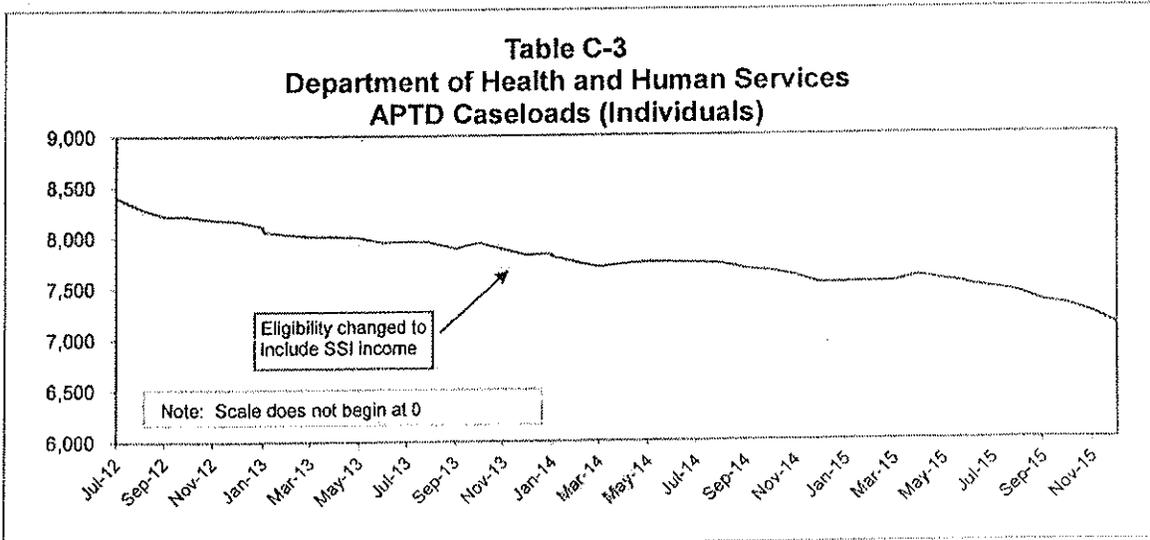
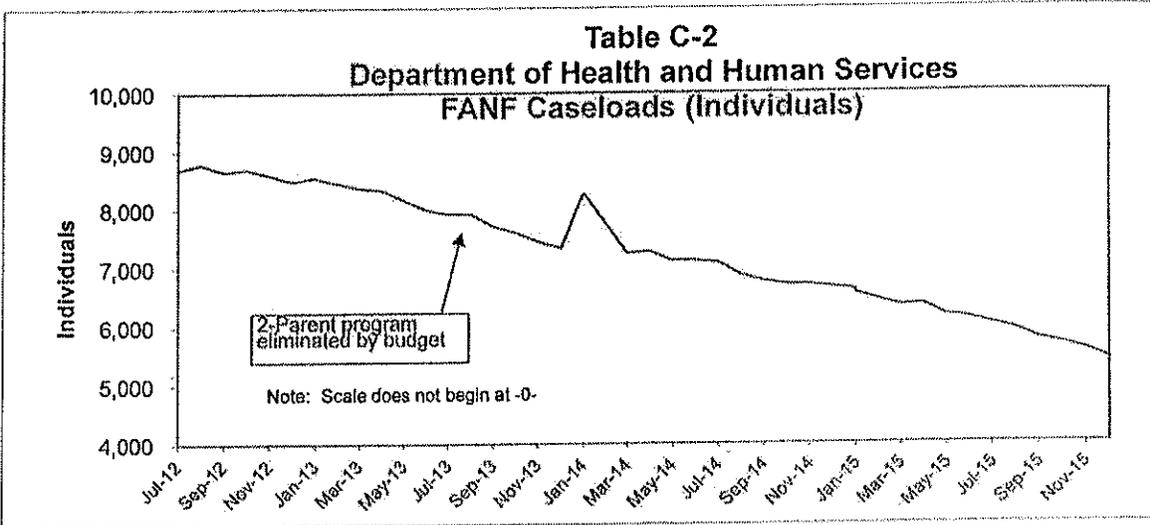
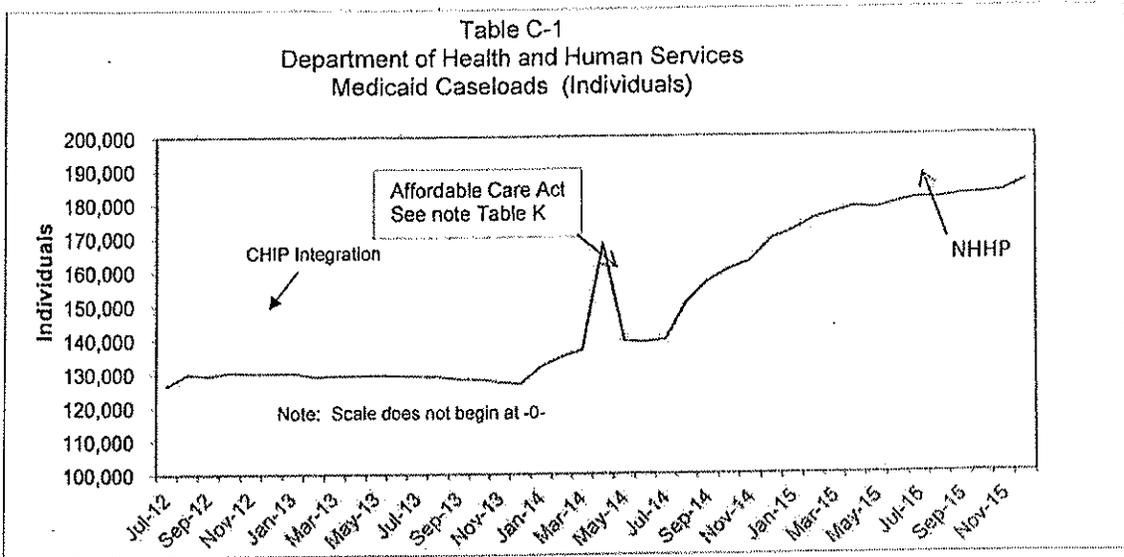
SFY16

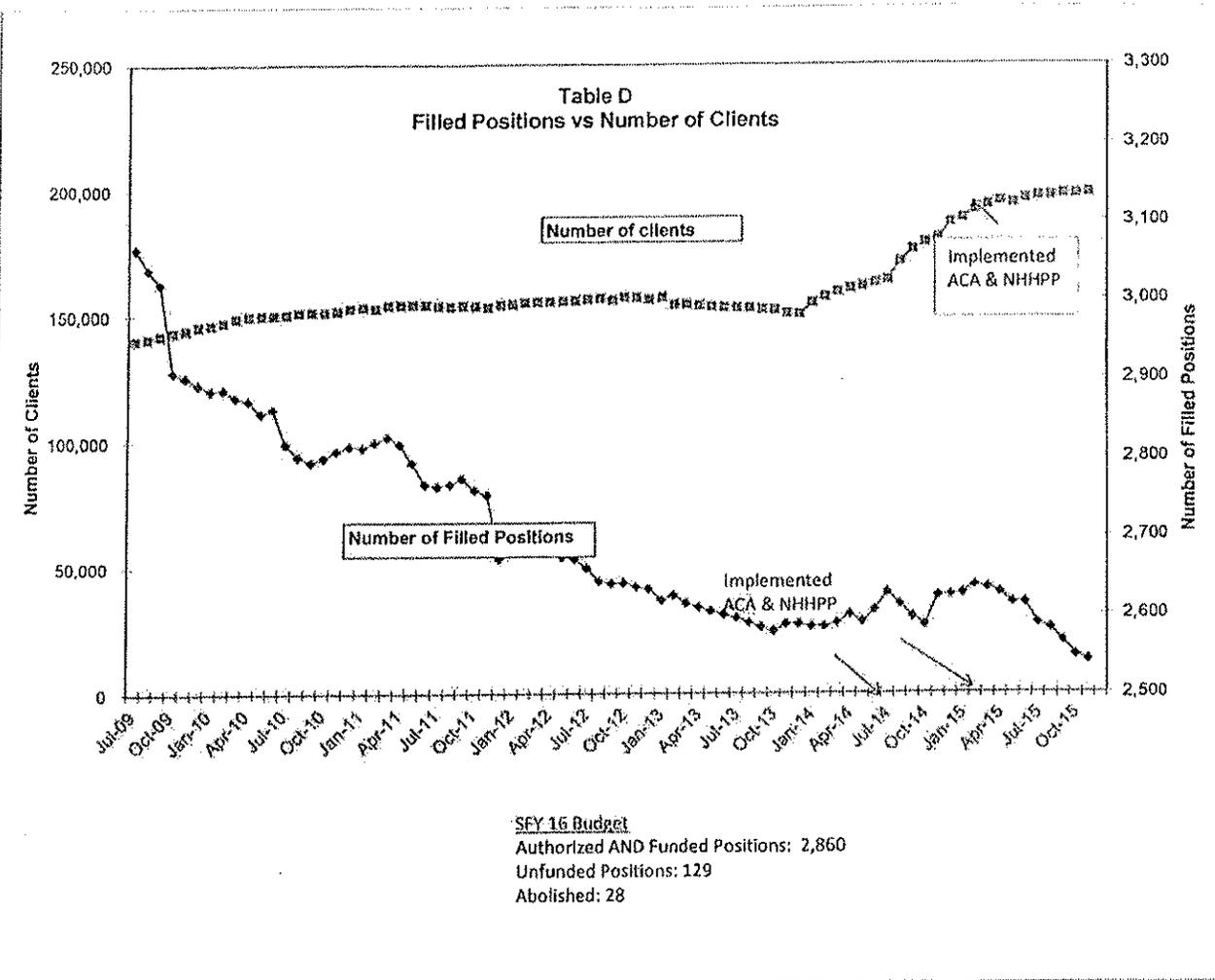
Budget Summary as of 1/31/16
Data/Caseloads as of 12/31/15

	A	B	C	E	F	G
1	Department of Health and Human Services					
2	Financial Summary - CASH BASIS					
3	As of Jan 31, 2016 --- SFY16					
4	General Funds Rounded to \$000					
5						
6	The budget for SFY16-17 provides insufficient general funds to address the legislative intents for services and obligations that are expected to be incurred. This summary identifies the shortfalls as currently anticipated for SFY16 and potential sources of funding.					
7	The items reported on the list include only those which a) are likely to be incurred and b) for which amounts can be reasonably estimated.					
8						
9	Legislative Lapse Target per Final Budget (3.3%)					
10						
11	<u>As of 1/31/16</u>					
12	Shortfalls					
13	Programs					
14	Medicaid (step 1 svcs)	Medicaid services (excluding BDS waivers & Nursing/CFI)		\$20,500		
15	Medicaid	MCO Health Reimbursement Fee		\$3,250		
16	Medicaid	Part A&B		\$994		
17	Medicaid	Part D: State Phasedown		\$3,055		
18			Subtotal Medicaid	<u>\$27,799</u>		
19						
20	SYSC	Footnote reduction HB2		\$1,722		
21	DFA	APTD & Old Age Assistance cost per case		\$507		
22	NHH	Nursing shortfall - salary enhancement		\$465		
23						
24	Litigation					
25		Chase Home Settlement		TBD		
26		Harbor Homes		TBD		
27						
28	Operational Challenges					
29	Medicaid	Contracts: Actuarial		\$609		
31	Medicaid	Contracts: Prior Auths		\$125		
32	Medicaid	Non-Medical Transportation		\$522		
34	Public Health	Water Testing Pease		\$225		
35	Medicaid	HIPP program		\$50		
36						
37	Total Estimated Shortfalls			\$32,024		
38						
39	Current Identified Lapses					
40						
41	Medicaid	Drug Rebate Revenue		\$10,000		
42	Medicaid	UCC payments reduction		TBD		
43	DHHS	Salary & Benefits - Department Wide		7,000		
44	DHHS	Utilities, Rent, Fuel		2,500		
45	OIS	IT		500		
46	Client Services	Non - Salary & Benefit Accts		500		
47	SYSC	Non - Salary & Benefit Accts		400		
48	GH	Non - Salary & Benefit Accts		100		
49	NHH	Non - Salary & Benefit Accts		500		
50	Human Services	Non - Salary & Benefit Accts		750		
51	DFA	Non - Salary & Benefit Accts		300		
52	BEAS	Non - Salary & Benefit Accts		2,295		
53	Other	Other lapses		TBD		
54	Total Estimated Lapse			\$24,845		
55						
56						
57	Net Deficit			(\$7,179)		
58						
59						

Table B
Department of Health and Human Services
Caseload vs Unemployment Rate







	A	B	C	D	E	F	G	H
1	Table E							
2	Department of Health and Human Services							
3	Operating Statistics							
4	Children In Services							
5								
6		DCYF	DCYF	Family Foster	Residential	Child Care	Child Care	SYSC
7		Referrals	Assessments	Care	Placement	Emplmnt	Wait List	Secure
8				Placement		Related		Census
9		Actual	Actual	Actual	Actual	Actual	Actual	Actual
10								
47	Jul-12	1,100	681	605	323	5,175	0	60
48	Aug-12	1,050	744	611	317	5,219	0	57
49	Sep-12	1,151	681	619	295	5,050	0	56
50	Oct-12	1,344	898	612	306	5,076	0	60
51	Nov-12	1,098	656	609	321	5,061	0	57
52	Dec-12	1,086	656	601	325	4,995	0	59
53	Jan-13	1,245	715	594	322	5,164	0	54
54	Feb-13	1,072	674	609	318	5,113	0	58
55	Mar-13	1,180	842	619	318	5,231	0	57
56	Apr-13	1,269	852	612	339	5,368	0	60
57	May-13	1,383	852	589	331	5,357	0	69
58	Jun-13	1,147	685	594	332	5,345	0	72
59	Jul-13	1,124	772	571	315	5,568	0	61
60	Aug-13	1,045	591	570	323	5,517	0	60
61	Sep-13	1,276	544	560	297	5,345	0	56
62	Oct-13	1,276	603	567	305	5,357	0	58
63	Nov-13	1,083	536	565	304	5,350	0	61
64	Dec-13	1,111	649	559	299	5,322	0	61
65	Jan-14	1,260	706	542	290	5,298	0	66
66	Feb-14	962	688	531	309	5,238	0	59
67	Mar-14	1,307	1,016	537	311	5,459	0	62
68	Apr-14	1,324	972	539	313	5,512	0	62
69	May-14	1,370	866	531	317	5,737	0	59
70	Jun-14	1,267	684	535	324	5,694	0	59
71	Jul-14	1,049	890	510	319	5,742	0	52
72	Aug-14	1,273	827	510	254	5,626	0	52
73	Sep-14	1,485	921	501	282	5,543	0	48
74	Oct-14	1,356	790	519	301	5,341	0	47
75	Nov-14	1,090	681	512	308	5,384	0	50
76	Dec-14	1,312	768	544	313	5,438	0	47
77	Jan-15	1,169	587	532	303	5,370	0	41
78	Feb-15	1,079	467	550	301	5,259	0	36
79	Mar-15	1,427	630	554	319	5,494	0	40
80	Apr-15	1,281	874	564	334	5,474	0	42
81	May-15	1,298	856	566	341	5,497	0	43
82	Jun-15	1,314	869	578	348	5,581	0	47
83	Jul-15	1,120	908	564	322	5,651	0	48
84	Aug-15	1,074	743	571	319	5,588	0	51
85	Sep-15	1,298	895	570	304	5,528	0	49
86	Oct-15	1,336	863	591	308	5,192	0	54
87	Nov-15	1,182	680	605	303	5,219	0	59
88	Dec-15	1,280	825	647	316	5,267	0	65
89	Jan-16							
90	Feb-16							
91	Mar-16							
92	Apr-16							
93	May-16							
94	Jun-16							
95	YEAR-TO-DATE AVERAGE							
96	SFY11	1,081	663	636	415	4,659	2,301	56
97	SFY12	1,122	724	590	315	5,046	0	56
98	SFY13	1,138	718	610	315	5,096	0	58
99	SFY14	1,153	616	565	307	5,410	0	60
100	SFY15	1,261	813	516	296	5,512	0	49
101	SFY16	1,215	819	591	312	5,408	0	54
102								
103	Source of Data							
104	Column							
105	B	DCYF SFY Management Database Report: Bridges						
106	C	DCYF Assessment Supervisory Report: Bridges.						
107	D	Bridges placement authorizations during the month, unduplicated.						
108	E	Bridges placement authorizations during the month, unduplicated						
109	F	Bridges Expenditure Report, NH-B-04RB-128						
110	G	Child Care Wait List Screen: New Heights						
111	H	Bridges Service Day Query - Bed days divided by days in month						

	A	B	C	D	E	F	G	H
1	Table F							
2	Department of Health and Human Services							
3	Operating Statistics							
4	Social Services							
5								
6		FANF	APTD	Food	Child Support Cases			
7			Persons	Stamps	Current	Former	Never	Total
8			Persons	Persons	Cases	Cases	Cases	Cases
9		Actual	Actual	Actual	Actual	Actual	Actual	Actual
46	Jul-12	8,690	8,405	117,625	4,184	17,771	12,928	34,883
47	Aug-12	8,793	8,296	117,916	4,031	17,760	12,899	34,690
48	Sep-12	8,657	8,218	117,569	4,038	17,722	12,853	34,613
49	Oct-12	8,704	8,216	119,101	4,261	17,526	12,865	34,652
50	Nov-12	8,599	8,181	118,992	4,066	17,650	12,862	34,578
51	Dec-12	8,493	8,161	118,817	4,051	17,653	12,893	34,597
52	Jan-13	8,559	8,115	120,153	4,136	17,542	12,836	34,514
53	Feb-13	8,538	8,059	117,654	4,175	17,545	12,857	34,577
54	Mar-13	8,378	8,011	117,409	4,041	17,723	13,006	34,770
55	Apr-13	8,337	8,011	114,147	4,162	17,608	13,054	34,822
56	May-13	8,169	8,001	119,317	3,973	17,780	13,102	34,855
57	Jun-13	8,005	7,951	116,087	3,917	17,850	13,146	34,813
58	Jul-13	7,926	7,962	115,691	4,035	17,724	13,193	34,952
59	Aug-13	7,922	7,955	115,499	3,866	17,901	13,180	34,947
60	Sep-13	7,709	7,889	114,725	3,772	17,913	13,183	34,868
61	Oct-13	7,609	7,945	114,915	3,938	17,797	13,227	34,962
62	Nov-13	7,449	7,882	113,514	3,793	17,908	13,325	35,025
63	Dec-13	7,334	7,820	112,908	3,803	17,774	13,331	34,908
64	Jan-14	7,330	7,834	113,326	3,762	17,783	13,316	34,861
65	Feb-14	7,353	7,803	112,791	3,767	17,695	13,329	34,791
66	Mar-14	7,242	7,704	112,511	3,723	17,734	13,361	34,818
67	Apr-14	7,277	7,727	112,144	3,863	17,593	13,453	34,909
68	May-14	7,119	7,751	111,362	3,828	17,592	13,518	34,938
69	Jun-14	7,116	7,745	110,590	3,700	17,766	13,683	35,149
70	Jul-14	7,085	7,741	109,239	3,672	17,849	13,748	35,269
71	Aug-14	6,871	7,727	108,767	3,671	17,803	13,741	35,215
72	Sep-14	6,767	7,679	108,434	3,598	17,831	13,736	35,165
73	Oct-14	6,705	7,657	108,343	3,702	18,674	13,214	35,590
74	Nov-14	6,705	7,607	107,214	3,711	18,814	13,347	35,872
75	Dec-14	6,660	7,532	107,900	3,753	18,868	13,529	36,150
76	Jan-15	6,622	7,530	107,934	3,917	18,811	13,735	36,463
77	Feb-15	6,547	7,542	107,224	3,956	18,906	13,981	36,843
78	Mar-15	6,339	7,538	107,521	3,803	19,202	14,294	37,299
79	Apr-15	6,366	7,598	107,283	3,842	19,249	14,538	37,629
80	May-15	6,179	7,561	106,042	3,914	19,180	14,666	37,760
81	Jun-15	6,138	7,526	105,322	3,820	19,207	14,742	37,769
82	Jul-15	6,120	7,513	104,705	3,852	19,228	14,937	38,017
83	Aug-15	5,934	7,438	103,544	3,866	19,211	15,004	38,081
84	Sep-15	5,764	7,343	102,869	3,885	19,344	15,133	38,162
85	Oct-15	5,688	7,307	101,917	3,808	19,263	15,257	38,328
86	Nov-15	5,583	7,227	100,525	3,763	19,319	15,345	38,427
87	Dec-15	5,425	7,116	100,495	3,614	19,368	15,373	38,353
88	Jan-16							
89	Feb-16							
90	Mar-16							
91	Apr-16							
92	May-16							
93	Jun-16							
94	YEAR-TO-DATE AVERAGE							
95	SFY11	13,821	8,664	110,689	5,627	17,264	13,066	35,957
96	SFY12	11,875	8,904	114,560	5,294	17,160	12,789	35,243
97	SFY13	8,656	8,247	118,337	4,105	17,680	12,883	34,669
98	SFY14	7,658	7,909	114,542	3,868	17,836	13,240	34,944
99	SFY15	6,799	7,657	108,316	3,685	18,307	13,553	35,544
100	SFY16	5,752	7,324	102,343	3,765	19,289	15,175	38,228
101								
102	Source of Data							
103	Column							
104	B	Office of Research & Analysis, Caseload Statistics						
105	C	Budget Document						
106	D	Budget Document						
107	E-H	DCSS Caseload (Month End Actual from NECSES)						
108								
109	Note	* Effective 3/1/12, SSI or SSP is considered when determining FANF						
110		eligibility. Those child support cases no longer eligible, are now "Former"						
111		assistance cases						
112								

	A	B	C	D	E
1	Table G-1				
2	Department of Health and Human Services				
3	Operating Statistics				
4	Clients Served by Community Mental Health Centers				
5					
6	Annual Totals				
7		Adults	Children	Total	
8	FY2012	36,407	13,122	49,529	
9	FY2013	34,819	13,013	47,832	
10	FY2014	35,657	14,202	49,859	
11	FY2015	34,725	10,736	45,461	
12					
13		Adults	Children	Total	
14					
15	Jul-14	14,818	5,179	19,997	
16	Aug-14	14,436	5,132	19,568	
17	Sep-14	14,981	5,382	20,363	
18	Oct-14	15,172	5,651	20,823	
19	Nov-14	14,142	5,591	19,733	
20	Dec-14	14,734	5,775	20,509	
21	Jan-15	14,960	5,257	20,217	
22	Feb-15	14,024	4,757	18,781	
23	Mar-15	15,083	5,044	20,127	
24	Apr-15	14,641	5,073	19,714	
25	May-15	15,467	5,996	21,463	
26	Jun-15	15,935	6,044	21,979	
27	Jul-15	15,467	5,741	21,208	
28	Aug-15	15,213	5,806	21,019	
29	Sep-15	15,232	5,769	21,001	
30	Oct-15	15,324	6,027	21,351	
31	Nov-15	14,438	5,957	20,395	
32	Dec-15				
33	Jan-16				
34	Feb-16				
35	Mar-16				
36	Apr-16				
37	May-16				
38	Jun-16				
39					
40	Notes:				
41	1. Monthly data is a duplicated count.				
42	2. Year-end data is unduplicated.				

	A	B	C	D	E	F	G	H	I	J	K	L	M
2	Department of Health and Human Services												
3	Operating Statistics												
4	Elderly & Adult Long Term Care												
5													
6	Total Nursing Clients		CFI Home Health	CFI Midlevel	Other Nursing	Nursing Home Beds		Pct In NF	APS Clients Assmntc	APS Cases Ongoing	SSBG AHC Waitlist	Total SSBG IHCS	
7	Actual	Budget			Note 1	3 mos Avg	Budget						
8													
44	Jul-12	7,225	7,578	2,401	444	34	4,380	4,422	60.6%	238	1,090	9	
45	Aug-12	7,448	7,578	2,468	471	39	4,509	4,422	60.5%	251	1,087	5	
46	Sep-12	7,281	7,578	2,454	462	37	4,365	4,422	60.0%	209	1,092	6	518
47	Oct-12	7,293	7,578	2,475	464	35	4,354	4,422	59.7%	243	1,137	1	
48	Nov-12	7,254	7,578	2,478	482	34	4,294	4,422	59.2%	200	1,203	1	
49	Dec-12	7,253	7,578	2,433	484	35	4,336	4,422	59.8%	178	1,186	1	635
50	Jan-13	7,184	7,578	2,421	461	37	4,312	4,422	59.9%	255	1,201	1	
51	Feb-13	7,092	7,578	2,415	443	33	4,234	4,422	59.7%	159	1,202	1	
52	Mar-13	7,052	7,578	2,487	438	38	4,127	4,422	58.5%	220	1,196	1	705
53	Apr-13	6,658	7,578	2,390	238	9	4,030	4,422	60.5%	205	1,228	1	
54	May-13	7,037	7,578	2,511	362	11	4,164	4,422	59.2%	174	1,206	1	
55	Jun-13	7,038	7,578	2,405	421	10	4,212	4,422	59.8%	194	1,224	1	769
56	Jul-13	7,153	7,356	2,452	421	72	4,280	4,380	59.8%	276	1,230	1	
57	Aug-13	7,264	7,356	2,532	439	25	4,313	4,380	59.2%	263	1,225	1	
58	Sep-13	7,145	7,356	2,480	449	20	4,216	4,380	59.0%	264	1,247	1	474
59	Oct-13	7,290	7,356	2,435	459	24	4,396	4,380	60.3%	291	1,255	1	
60	Nov-13	7,264	7,356	2,422	488	36	4,354	4,380	59.9%	224	1,242	6	
61	Dec-13	7,342	7,356	2,417	454	27	4,471	4,380	60.9%	255	1,267	3	573
62	Jan-14	7,265	7,356	2,428	481	27	4,356	4,380	60.0%	319	1,289	3	
63	Feb-14	7,041	7,356	2,372	449	37	4,220	4,380	59.9%	258	1,270	0	
64	Mar-14	7,121	7,356	2,366	455	27	4,300	4,380	60.4%	283	1,266	0	652
65	Apr-14	7,125	7,356	2,317	493	24	4,315	4,380	60.6%	288	1,238	0	
66	May-14	7,439	7,356	2,418	477	24	4,544	4,380	61.1%	312	1,265	0	
67	Jun-14	7,271	7,356	2,356	475	32	4,440	4,380	61.1%	262	1,216	0	679
68	Jul-14	7,337	7,421	2,431	444	44	4,482	4,380	60.8%	363	801	0	0
69	Aug-14	7,094	7,421	2,403	439	44	4,252	4,380	59.9%	276	786	0	1168
70	Sep-14	7,088	7,421	2,428	431	37	4,229	4,380	59.7%	270	794	0	1438
71	Oct-14	7,242	7,421	2,453	492	36	4,297	4,380	59.3%	301	757	0	2177
72	Nov-14	7,160	7,421	2,422	460	36	4,278	4,380	59.7%	212	752	0	1276
73	Dec-14	7,181	7,421	2,431	469	35	4,281	4,380	59.6%	263	764	0	1990
74	Jan-15	6,986	7,421	2,404	469	32	4,123	4,380	58.9%	246	736	0	1845
75	Feb-15	7,026	7,421	2,400	472	32	4,154	4,380	59.1%	221	739	0	1589
76	Mar-15	7,109	7,421	2,432	448	32	4,229	4,380	59.5%	278	716	0	1802
77	Apr-15	7,230	7,421	2,422	484	30	4,324	4,380	59.8%	244	723	0	1958
78	May-15	7,170	7,421	2,428	464	29	4,278	4,380	59.7%	210	716	0	1838
79	Jun-15	7,109	7,421	2,404	479	32	4,226	4,380	59.4%	294	726	0	1410
80	Jul-15	7,045	7,232	2,409	463	33	4,173	4,325	59.2%	316	738	0	1410
81	Aug-15	6,940	7,232	2,339	453	35	4,157	4,325	59.8%	301	750	0	1782
82	Sep-15	7,042	7,232	2,335	491	40	4,226	4,325	60.0%	320	756	0	1645
83	Oct-15	7,056	7,232	2,302	502	35	4,252	4,325	60.3%	332	756	0	1320
84	Nov-15	7,047	7,232	2,317	444	40	4,286	4,325	60.8%	276	763	0	1642
85	Dec-15	7,101	7,232	2,428	463	39	4,300	4,325	59.8%	284	734	0	1743
86	Jan-16												
87	Feb-16												
88	Mar-16												
89	Apr-16												
90	May-16												
91	Jun-16												
92	YEAR-TO-DATE AVERAGE												
93	SFY11	7,225	7,740	2,527	389	33	4,309	4,063	59.6%	222	1,093	3	560
94	SFY12	7,122	7,515	2,387	444	33	4,291	4,400	60.2%	225	1,082	2	600
95	SFY13	7,292	7,578	2,452	468	36	4,373	4,422	60.0%	220	1,134	4	577
96	SFY14	7,246	7,356	2,456	452	34	4,338	4,380	59.9%	262	1,244	2	524
97	SFY15	7,184	7,421	2,428	456	39	4,300	4,380	59.9%	281	776	0	1,342
98	SFY16	7,055	7,232	2,355	468	37	4,232	4,325	60.0%	305	750	0	1,620
99													
100	Note 1: These clients are also captured under OMBP Provider Payments												
101	Note 2: CFI Home Health = CFI Home Support and Home Health Care Waiver Services												
102	Note 3: In preparation for 2016, Converted IHCS to monthly paid basis												
103													
104	Source of Data												
105	Columns												
106													
107	D-F	MDSS monthly client counts											
108	G	3 month Avg of the number of paid bed days in the month/days in prior month											
109		by the number of days in the previous month, MDSS											
110	J	Options Monthly Protective Reports											
111	K	Options Monthly Activity Report											
112	L	SSBG Adult In-Home Care verbal report from Adult Protective Services Administrator											
113	M	Quarterly Options Paid Claims from Business Systems Unit Manager											

	A	B	C	D	E	F	G	H
1	2							
2	Developmental Services Long Term Care							
3								
4		BDS Programs served FYTD**	BDS Programs FYTD Unduplicated Count	Early Supports & Services	Special Medical Services	Partners in Health Program	Devl. Serv. Priority #1 DD Waitlist	Devl. Serv. ABD Waitlist
5					(8-09 to 8-12 Actual)	(0-09 to 8-12 Actual)	Actual*	Actual*
41	Jul-12	9,742	7,055	1,891	1,689	998	123	0
42	Aug-12	10,324	7,590	2,083	1,738	996	123	0
43	Sep-12	11,000	8,156	2,288	1,814	1,030	154	0
44	Oct-12	11,701	8,774	2,601	1,876	1,051	169	0
45	Nov-12	12,207	9,209	2,861	1,935	1,063	172	0
46	Dec-12	12,562	9,502	3,033	1,980	1,080	190	0
47	Jan-13	13,217	10,065	3,255	2,063	1,089	219	0
48	Feb-13	13,660	10,438	3,521	2,123	1,099	225	1
49	Mar-13	14,057	10,694	3,706	2,253	1,110	242	3
50	Apr-13	14,460	10,992	3,925	2,342	1,126	240	1
51	May-13	14,863	11,289	4,132	2,430	1,144	265	4
52	Jun-13	15,205	11,580	4,323	2,460	1,165	288	8
53	Jul-13	8,995	6,364	1,865	1,646	985	373	15
54	Aug-13	10,041	7,291	2,074	1,755	995	186	5
55	Sep-13	10,978	8,160	2,381	1,813	1,005	103	6
56	Oct-13	11,573	8,648	2,618	1,903	1,022	108	10
57	Nov-13	12,129	9,122	2,978	1,963	1,044	116	12
58	Dec-13	12,764	9,658	3,231	2,047	1,059	51	16
59	Jan-14	13,265	10,043	3,404	2,142	1,080	40	14
60	Feb-14	13,712	10,409	3,640	2,208	1,095	59	16
61	Mar-14	14,174	10,730	3,863	2,325	1,119	69	18
62	Apr-14	14,702	11,093	4,112	2,464	1,145	81	17
63	May-14	15,144	11,488	4,383	2,508	1,148	10	0
64	Jun-14	15,525	11,742	4,577	2,614	1,169	79	19
65	Jul-14	9,996	7,049	1,810	1,979	968	86	0
66	Aug-14	10,721	7,697	2,152	2,040	984	95	0
67	Sep-14	11,675	8,467	2,545	2,212	996	120	3
68	Oct-14	12,567	9,127	2,785	2,421	1,019	139	2
69	Nov-14	13,078	9,567	3,010	2,476	1,035	132	3
70	Dec-14	13,538	9,880	3,187	2,618	1,040	152	3
71	Jan-15	14,027	10,286	3,406	2,708	1,033	98	6
72	Feb-15	14,424	10,600	3,613	2,778	1,046	115	4
73	Mar-15	14,837	10,893	3,837	2,876	1,068	97	5
74	Apr-15	15,389	11,313	4,172	2,995	1,081	114	8
75	May-15	15,787	11,604	4,384	3,102	1,081	138	8
76	Jun-15	16,229	11,919	4,624	3,210	1,100	101	8
77	Jul-15	9,683	6,663	2,099	2,088	932	186	8
78	Aug-15	11,567	8,421	2,597	2,199	947	195	17
79	Sep-15	12,228	8,964	2,816	2,298	966	186	0
80	Oct-15	12,859	9,503	3,095	2,372	984	196	0
81	Nov-15	13,340	9,919	3,317	2,432	989	149	0
82	Dec-15	13,776	10,264	3,546	2,515	997	153	0
83	Jan-16							
84	Feb-16							
85	Mar-16							
86	Apr-16							
87	May-16							
88	Jun-16							
89	YEAR-TO-DATE AVERAGE ***							
90	SFY11	11,337	8,500	2,061	1,712	1,125	20	0
91	SFY12	11,406	8,494	2,503	1,787	1,125	48	7
92	SFY13	11,256	8,381	2,460	1,839	1,036	155	0
93	SFY14	11,080	8,207	2,525	1,855	1,018	156	11
94	SFY15	11,929	8,631	2,582	2,291	1,007	121	2
95	SFY16	12,242	8,956	2,912	2,317	969	178	4
96						*** (1/4/16 - formulas corrected)		
97	Data Sources:	NHLeads	NHLeads	NHLeads	SMSdb	PIHdb	Registry	Registry
98								
99	*G & *H	Represent the number of individuals waiting at least 90-days for DD or ABD						
100		Waiver funding.						
101	**	BDS count excludes MTS Students served						
102	E & F	Represents year-to-date total number served						

	A	B	C	D	E	F	G	H	I	J
1	Table 1									
2	Department of Health and Human Services									
3	Operating Statistics									
4	Shelters & Institutions									
5										
6	NHH					BHHS			Glenciff	
7	APS & APC Census	APS & APC Admissions	Waiting List	Waiting List	THS Census	All Shelters		% of	GH Census	
8	Actual	Actual	Actual	Actual	Actual	Capacity	Actual	Capacity	Actual	
9			Adult	Adolescent						
46	Jul-12	145	161		n/a				118	
47	Aug-12	149	193		n/a				119	
48	Sep-12	151	162		n/a				119	
49	Oct-12	150	178		n/a				117	
50	Nov-12	150	161		n/a				117	
51	Dec-12	150	125		n/a				117	
52	Jan-13	161	173		n/a				118	
53	Feb-13	164	135		n/a				119	
54	Mar-13	155	149		n/a				119	
55	Apr-13	152	173		n/a				118	
56	May-13	148	187		n/a				119	
57	Jun-13	155	175		n/a				117	
58	Jul-13	155	197		n/a				116	
59	Aug-13	161	164		n/a				115	
60	Sep-13	163	165		n/a				116	
61	Oct-13	161	184		n/a				119	
62	Nov-13	164	140		n/a				118	
63	Dec-13	151	144		n/a				118	
64	Jan-14	160	190		n/a				116	
65	Feb-14	161	165		n/a				118	
66	Mar-14	160	181		n/a				118	
67	Apr-14	163	193		n/a				116	
68	May-14	164	184		n/a				114	
69	Jun-14	162	164		n/a				116	
70	Jul-14	141	153	23	1	n/a	13,826	11,737	85%	116
71	Aug-14	135	142	30	1	n/a	13,826	12,121	88%	117
72	Sep-14	145	173	33	5	n/a	13,380	11,625	87%	118
73	Oct-14	146	181	29	4	n/a	13,826	12,783	92%	116
74	Nov-14	150	166	27	6	n/a	13,360	12,064	90%	117
75	Dec-14	149	180	15	4	n/a	15,004	14,056	94%	118
76	Jan-15	150	159	22	3	n/a	15,748	15,016	95%	118
77	Feb-15	152	169	18	4	n/a	14,224	13,940	98%	116
78	Mar-15	156	171	16	8	n/a	15,748	14,896	95%	113
79	Apr-15	153	165	10	8	n/a	13,380	11,990	90%	115
80	May-15	150	170	14	7	n/a	13,826	11,598	84%	117
81	Jun-15	150	180	14	5	n/a	13,380	10,830	81%	114
82	Jul-15	148	169	13	1	n/a	14,694	11,828	79%	112
83	Aug-15	150	152	20	1	n/a	14,694	12,229	83%	115
84	Sep-15	151	162	17	5	n/a	14,220	11,861	83%	116
85	Oct-15	146	154	19	6	n/a	14,694	12,452	85%	116
86	Nov-15	144	163	18	5	n/a	14,220	12,684	89%	113
87	Dec-15	152	165	24	7	n/a	14,694	12,758	87%	114
88	Jan-16									
89	Feb-16									
90	Mar-16									
91	Apr-16									
92	May-16									
93	Jun-16									
94	YEAR-TO-DATE AVERAGE									
95	SFY11	150	185			42	10,840	8,551	79%	112
96	SFY12	142	199			39	10,922	10,326	95%	115
97	SFY13	149	163							118
98	SFY14	159	166							117
99	SFY15	144	166	26	4		13,874	12,398	89%	117
100	SFY16	149	161	19	4		14,536	12,269	84%	114
101										
102	Source of Data									
103	Column									
104	B	Daily in-house midnight census averaged per month*								
105	C	Daily census report of admissions totalled per month								
106	D	Daily Average wait list for adults								
107	E	Daily average wait list for adolescents								
108	F	Daily Average census in Transitional Housing (priorized 12/2011)								
109	G	Total number of individual bednights available in emergency shelters								
110	H	Total number of individual bednights utilized in emergency shelters								
111	I	Percentage of individual bednights utilized during month								
112	J	Daily in-house midnight census averaged per month								
113										
114	* July 2014 average Census no longer reflects PIs on Leave									

A	B	E	H	K	N	Q	S	T	U	V	W	X	Y	Z
Table J Medicaid Medical Caseloads (Persons)														
1	12/30/13	3/31/14	6/30/14	9/30/14	12/31/14	3/31/2015	6/30/2015	9/30/2015	12/31/2015	3/31/2016	6/30/2016	9/30/2016	12/31/2016	
2	82,129	88,064	88,861	89,702	90,618	90,249	89,400	89,849	90,104	89,934	90,345	90,197	90,298	91,089
3	1,504	1,680	1,670	1,619	1,522	1,631	1,629	1,623	1,613	1,523	1,613	1,602	1,584	1,593
4	1,948	2,003	2,004	2,048	2,085	2,173	2,192	2,166	2,160	2,139	2,152	2,168	2,175	2,181
5	10,324	12,955	13,976	13,287	13,212	13,595	13,558	13,677	13,689	13,581	14,272	14,179	13,927	13,851
6	2,273	3,051	3,246	2,846	2,602	2,532	2,412	2,432	2,430	2,356	2,297	2,290	2,220	2,244
7	19,997	19,961	20,222	19,830	19,540	19,627	19,730	19,727	19,629	19,543	19,413	19,346	19,206	19,111
8	8,828	8,773	8,322	8,771	8,714	8,545	8,594	8,606	8,644	8,650	8,652	8,714	8,756	8,741
9	263	200	204	194	189	177	177	172	168	167	154	154	153	149
10	127,310	136,693	139,105	138,297	138,582	138,529	137,692	138,252	138,517	137,993	138,908	138,645	138,319	138,959
11	127,310	136,693	139,105	138,297	138,582	138,529	137,692	138,252	138,517	137,993	138,908	138,645	138,319	138,959
12	(405)	122	0	0	(1)	2	0	0	0	0	0	0	0	0
13	126,905	136,815	139,105	138,297	138,582	138,529	137,692	138,252	138,517	137,993	138,908	138,645	138,319	138,959
14														
15														
16														
17														
18														
19														
20	ENROLLMENT IN MEDICAID CARE MANAGEMENT													
21	01/01/14	04/01/14	07/01/14	10/01/14	1/1/2015	4/1/2015	6/1/2015	7/1/2015	8/1/2015	9/1/2015	10/1/2015	11/1/2015	12/1/2015	1/1/2016
22	108,286	115,299	120,915	133,716	145,783	155,873	158,636	161,224	162,128	162,654	163,779	163,411	161,357	128,349
23	25,186	17,708	15,849	22,090	22,067	20,197	18,067	17,594	17,219	17,098	17,191	17,117	19,887	36,984
24	133,392	134,007	136,464	155,806	167,830	176,070	176,703	178,818	179,347	179,752	180,970	180,528	181,274	184,333
25	(6,082)	2,666	2,641	1,708	1,463	861	1,445	1,091	1,849	1,567	1,045	1,694	1,613	1,622
26														
27														
28														
29	Figures by category versus figures by coverage are taken from two points in time. Medicaid Care Managements first of the month and the same people drop off during the month and go into Fee-For-Service. FFS is end of the month and builds during the month to include the spend down clients excluded from MCM. The early data points are switched because the MCM data includes retrospective FFS enrollment for those earlier months.													

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
	Table K																		
	Department of Health and Human Services																		
	Caseloads Versus Prior Year & Prior Month																		
	Unduplicated Persons			Medicaid Persons			Long Term Care-Seniors			FANP Persons			APTD Persons			SNAP Persons			
	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	Actual	Vs PY	Vs Pmo	
56	153,075	-2.3%	-0.1%	129,255	-0.2%	-0.1%	7,153	-1.0%	1.6%	7,926	-8.8%	-1.0%	7,962	-5.3%	0.1%	115,681	-1.6%	-0.3%	
69	153,065	-2.5%	0.0%	129,053	-0.7%	-0.1%	7,284	-2.2%	1.8%	7,922	-9.9%	-0.1%	7,955	-4.1%	-0.1%	115,489	0.5%	-0.2%	
70	152,338	-2.4%	-0.5%	128,364	-0.9%	-0.5%	7,145	-1.9%	-1.9%	7,709	-11.0%	-2.7%	7,889	-4.0%	-0.8%	114,725	-2.4%	-0.7%	
71	152,132	-3.3%	-0.1%	128,276	-1.6%	-0.1%	7,290	-0.9%	2.0%	7,609	-12.6%	-1.3%	7,945	-3.3%	0.7%	114,915	-3.5%	0.2%	
72	150,798	-4.1%	-0.9%	127,359	-2.1%	-0.7%	7,264	0.1%	-0.4%	7,449	-13.4%	-2.1%	7,882	-3.7%	-0.8%	113,514	-4.6%	-1.2%	
73	150,372	-4.0%	-0.3%	126,905	-2.4%	-0.4%	7,342	1.2%	1.1%	7,334	-13.6%	-1.5%	7,820	-4.2%	-0.8%	112,908	-5.0%	-0.5%	
74	154,862	-1.6%	3.0%	132,034	1.4%	4.0%	7,265	1.0%	-1.0%	7,330	-14.4%	-0.1%	7,834	-3.5%	0.2%	113,326	-5.7%	0.4%	
75	157,397	2.0%	1.6%	134,728	4.3%	2.0%	7,041	-0.7%	-3.1%	7,353	-13.9%	0.3%	7,803	-3.2%	-0.4%	112,791	-4.1%	-0.5%	
76	159,213	3.0%	1.2%	136,815	5.7%	1.5%	7,121	1.0%	1.1%	7,242	-13.6%	-1.5%	7,704	-3.8%	-1.3%	112,511	-4.2%	-0.2%	
77	150,682	4.2%	0.9%	138,157	6.8%	1.0%	7,125	n/a	0.1%	7,277	-12.7%	0.5%	7,727	-3.5%	0.3%	112,144	-4.3%	-0.3%	
78	161,647	5.2%	0.6%	138,562	6.9%	0.3%	7,439	5.7%	4.4%	7,119	-12.9%	-2.2%	7,751	-3.1%	0.3%	111,362	-6.7%	-0.7%	
79	162,897	6.5%	0.8%	139,105	7.5%	0.4%	7,271	3.3%	-2.3%	7,116	-11.1%	0.0%	7,745	-2.6%	-0.1%	110,590	-4.7%	-0.7%	
80	163,903	7.1%	0.6%	139,881	8.2%	0.6%	7,337	2.6%	0.9%	7,065	-10.6%	-0.4%	7,741	-2.8%	-0.1%	109,289	-5.8%	-1.2%	
81	171,328	11.9%	4.5%	150,820	16.9%	7.8%	7,094	-2.6%	-3.3%	6,871	-13.3%	-3.0%	7,727	-2.9%	-0.2%	108,767	-5.8%	-0.4%	
82	176,192	15.7%	2.8%	156,913	22.2%	4.0%	7,088	-0.8%	-0.1%	6,767	-12.2%	-1.5%	7,679	-2.7%	-0.6%	108,434	-5.5%	-0.3%	
83	178,952	17.6%	1.6%	160,334	25.0%	2.2%	7,242	-0.7%	2.2%	6,705	-11.9%	-0.9%	7,657	-3.6%	-0.3%	108,343	-5.7%	-0.1%	
84	180,798	19.9%	1.0%	162,848	27.9%	1.6%	7,160	-1.4%	-1.1%	6,705	-10.0%	0.0%	7,607	-3.5%	-0.7%	107,214	-5.5%	-1.0%	
85	186,837	24.2%	3.3%	169,294	33.4%	4.0%	7,181	-2.2%	0.3%	6,660	-9.2%	-0.7%	7,532	-3.7%	-1.0%	107,900	-4.4%	0.6%	
86	198,750	21.9%	1.0%	171,732	30.1%	1.4%	6,996	-3.7%	-2.6%	6,622	-9.7%	-0.6%	7,530	-3.9%	0.0%	107,934	-4.8%	0.0%	
87	192,008	22.0%	1.7%	175,266	30.1%	2.1%	7,026	-0.2%	0.4%	6,547	-11.0%	-1.1%	7,542	-3.3%	0.2%	107,224	-4.9%	-0.7%	
88	193,829	21.7%	0.9%	176,933	28.3%	1.0%	7,109	-0.2%	1.2%	6,339	-12.5%	-3.2%	7,538	-2.2%	-0.1%	107,521	-4.4%	0.3%	
89	195,333	21.6%	0.8%	178,752	28.4%	1.3%	7,230	1.5%	1.7%	6,368	-12.5%	0.4%	7,596	-1.7%	0.8%	107,283	-4.3%	-0.2%	
90	194,555	20.4%	-0.4%	178,143	28.6%	-0.3%	7,170	-3.6%	-0.8%	6,178	-13.2%	-2.5%	7,561	-2.5%	-0.5%	106,042	-4.8%	-1.2%	
91	196,212	20.5%	0.6%	179,910	28.9%	1.0%	7,108	-2.2%	-0.9%	6,138	-13.7%	-0.7%	7,526	-2.8%	-0.5%	105,922	-4.8%	-0.7%	
92	197,379	20.4%	0.6%	181,192	28.9%	0.7%	7,045	-4.0%	-0.9%	6,120	-13.6%	-0.3%	7,513	-2.9%	-0.2%	104,705	-4.2%	-0.6%	
93	187,305	15.2%	0.0%	181,115	20.1%	0.0%	6,948	-2.0%	-1.4%	5,934	-13.6%	-3.0%	7,438	-3.7%	-1.0%	103,544	-4.8%	-1.1%	
94	188,157	12.5%	0.4%	182,017	16.0%	0.5%	7,042	-0.6%	1.3%	5,764	-14.8%	-2.9%	7,343	-4.4%	-1.3%	102,869	-5.1%	-0.7%	
95	198,265	10.8%	0.1%	182,225	13.7%	0.1%	7,056	-2.6%	0.2%	5,688	-15.2%	-1.3%	7,307	-4.6%	-0.5%	101,917	-5.9%	-0.9%	
96	198,716	9.9%	0.2%	182,859	12.3%	0.4%	7,047	-1.6%	-0.1%	5,583	-16.7%	-1.8%	7,227	-5.0%	-1.1%	100,525	-6.2%	-1.4%	
97	201,743	8.0%	1.5%	185,957	9.6%	1.7%	7,191	0.1%	2.0%	5,425	-18.5%	-2.8%	7,116	-5.5%	-1.5%	100,495	-6.9%	0.0%	
98																			
99																			
100																			
101																			
102																			
103																			
104																			
	ANNUAL YEAR-TO-DATE AVERAGES																		
105	142,985			115,365			7,310			13,775			8,075			93,102			
106	153,947	7.7%		119,554	3.5%		7,122	-2.6%		11,875	-13.8%		8,909	10.3%		114,560	23.0%		
107	152,084	1.2%		119,184	-0.3%		7,214	1.3%		13,800	16.2%		8,694	-2.5%		111,355	-2.8%		
108	156,791	3.1%		129,917	n/a		7,292	1.1%		8,656	-37.3%		8,247	-5.0%		117,837	5.8%		
109	151,853	-3.1%		128,204	-1.3%		7,246	-0.6%		7,658	-11.5%		7,909	-4.1%		114,542	-2.8%		
110	176,333	16.0%		156,682	22.2%		7,184	-0.9%		5,799	-11.2%		7,657	-3.2%		108,316	-5.4%		
111	198,554	12.6%		182,566	16.5%		7,055	-1.8%		5,752	-15.4%		7,324	-4.4%		102,343	-5.5%		
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NHHPP – PREMIUM ASSISTANCE PROGRAM (PAP)

DESCRIPTION		PURPOSE
As required by SB413 and effective Jan – Dec 2016, the PAP provides health insurance coverage to eligible (ages 19 - 65, income < 138% FPL, not pregnant at time of eligibility determination, not entitled to Medicare or in any other mandatory Medicaid eligibility group) and excluding expansion adults enrolled through the HIPP or identified as medically frail.		The purchase qualified health plans (QHPs) certified to be sold on the Marketplace for PAP enrollees and assure that all Medicaid benefits and cost-sharing protections are met.
STATUS		
<ul style="list-style-type: none"> • Five carriers certified to sell QHPs in 2016: Ambetter, Anthem, Community Health Options, Harvard Pilgrim Health Care, Minuteman Health • Coverage period has begun. More than 47,000 individuals are eligible for NHHPP. Roughly 42,000 are eligible for PAP. • Ongoing integration of client service activities with NHID, DHHS and carriers to establish protocols for referrals and to monitor and address issues • MOUs in place with each Qualified Health Plan • Continuing training & education plan for providers and other stakeholders 		
TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
1 (R) Monitoring call volumes through Call Center to ensure clients get what they need w/c of open enrollment of all of Medicaid	1115 Demonstration Waiver for PAP Approved	03/04/15
	Enrollment Letters Mailed to ~35,000 Recipients	09/25/15
	Auto-assignment to Ambetter (NHHF)	11/2/15
2 Monitor to ensure providers are receiving information needed from QHPs	Reduction of Ben Notice to NHHPP enrollees going PAP	11/23/15
	Premium Assistance Enrollment Begins	11/01/15
3 Monitor IT and wrap services administration to ensure reliable information exchange and provision of service for beneficiaries	Medicaid Recipients =<138% FPL Begin Coverage	01/01/16

MEDICAID CARE MANAGEMENT STEP 2

DESCRIPTION		PURPOSE
A phased approach to transition additional populations and services into care management: 1. Populations that can no longer opt out [Mandatory] 2. Choices for Independence waiver services 3. Nursing Facilities and DCYF Medicaid services 4. Waiver services for development disabilities, acquired brain disorder and in-home supports		To achieve Medicaid health care reform that is whole person-centered with the goal to improve beneficiary health, reimburse providers based upon outcomes, support continuity of care, ensure access to primary care and prevention, promote shared decision making, improve budget predictability, comply with federal and state law, and realize savings
STATUS		
<ul style="list-style-type: none"> • Enrollment period yielded a successful 66% self-selection rate from clients prior to the 1/5/16 auto-assignment of the remaining newly mandatory population • High touch process in place and working to help ensure continuity of care for those members with complex needs. • Guardianship / Authorized Representative protocols strengthened to reduce risk of uninvited contact • Rapid Response team will meet daily to quantify, prioritize and resolve any/all issues • The Department, health plans, providers, and supporting agencies are ready for 2/1/16 Program Start for new mandatory 		
TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
1 (R) High Touch transition process required for clients with complex needs. Special care needed to ensure “warm hand-off” and sensitivity to individual history and needs.	1915(b) Waiver Approved By CMS	09/17/15
	MCM Admin Rules Approved by JLCAR	10/15/15
	Client Enrollment Packet Mailed	10/30/15
	Enrollment Begins	10/30/15
2 (R) Close monitoring of prior authorization response will be required as services begin February 1.	Auto-Assignment Begins	01/04/16
	Go No-Go Decision for Feb 1 Coverage	01/04/16
	Rapid Response Team & Process in Place	01/22/16
	Medical Services Coverage Begins	02/01/16
	Services for CFI, Nursing Facilities, DCYF Begin	09/01/16

COMMUNITY MENTAL HEALTH AGREEMENT

DESCRIPTION	PURPOSE	
For adults with Severe Mental Illness (SMI), establish and enhance community-based programs, including: mobile crisis services; supported employment; Assertive Community Treatment (ACT); supported housing; peer and family support; transition planning; and quality assurance of programs.	To meet the terms of the Community Mental Health Agreement (CMHA) to provide immediate and long-term support to individuals with SMI to reduce the institutionalization and risk of institutionalization of adults with SMI.	
STATUS		
<ul style="list-style-type: none"> • Issuance of the CMHA Expert Reviewer’s Report on January 5, 2016. • Continued progress made toward objectives of the CMHA including: (a) Operationalizing the DHHS Behavioral Health Central Team to facilitate transitions from NH Hospital and the Glencliff Home to community-based settings; (b) Implementation of the NH Hospital policy for referrals to ACT for conditional discharges, (c) Working with stakeholders on the draft rule for the Bridge Subsidy Housing Program; and (d) Improving standard data measures and reporting processes. • First Mobile Crisis Team and crisis apartments fully implemented in Concord. • Request for Proposals issued for Mobile Crisis Team and Crisis Apartments for Greater Manchester area. • Work on Quality Service Review process continues, in coordination with Expert Reviewer and Plaintiffs. • Continue to work with the Community Mental Health Centers and community partners to address milestones that are not yet met, including (a) Supported employment penetration rate of individuals with SMI; (b) Capacity of ACT teams, and (c) Transitions of individuals from Glencliff Home. 		
TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
1 (I) Redoubling efforts in areas of concerns outlined in the Expert Reviewer’s January 2016 Report	Mobile Crisis capacity in Concord area	6/30/15
	Increase supported housing units to 340	6/30/15
2 (R) Capability of the Community Mental Health Centers (CMHCs) to meet ACT/SE requirements	ACT Teams w/ capacity to serve 1300 individuals by 6/30/15	TBD
	Transition 4 individuals from Glencliff by 6/30/15	TBD
	Achieve 16.1% SMI penetration rate of SMI eligible by 6/30/15	TBD
	ACT Teams w/ capacity to serve 1500 individuals	6/30/16
	Achieve 18.1% Supported Employment penetration rate of SMI eligible	6/30/16
	Mobile Crisis capacity in Manchester area	6/30/16

SUBSTANCE USE DISORDER (SUD) BENEFIT FOR STANDARD MEDICAID

DESCRIPTION	PURPOSE	
HB2 Chapter 276:231 requires the Department provide substance use disorder services to Title XIX and Title XXI beneficiaries. The benefit shall be consistent with Substance Abuse and Mental Health Service Administration (SAMHSA) treatment guidelines. The commissioner shall also determine the process and timeline for implementing services and, if necessary, phase in the benefit.	To implement the already defined SUD Benefit array offered to the NH Health Protection Program population to the Standard Medicaid population. The benefits include a continuum of SUD services to meet the range of needs from misuse, addiction and withdrawal.	
STATUS		
Project Charter signed by State Medicaid Director Katie Dunn. Policy decisions made to include same benefit as NHHPP, same rates as NHHPP and implementation of the entire benefit on 7/1/16. Administrative Rules being drafted. MMIS systems requirements in development. Communications being drafted for distribution to MCOs. Stakeholder meeting being organized for February.		
TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
1 (I)Limited SUD provider Network	Kick off meeting	11/16/15
	Policy Decisions made	1/25/16
2 (R) As a result of a limited provider network, recipients may not be able to access services in a timely manner.	Draft SUD Rules	2/5/16
	Communications to MCOs	2/1/16
	Systems changes identified and implemented	2/1/16
	Identify gaps in provider network	Ongoing
	Stakeholder involvement	2/29/16

THERAPEUTIC CANNABIS

DESCRIPTION		PURPOSE
The Department is responsible for the administration of the New Hampshire Therapeutic Cannabis Program (Program) by designing and implementing a comprehensive process for the distribution of therapeutic cannabis in the State of New Hampshire, pursuant to RSA 126-X.		The Department's goal is the implementation and continued operation of a self-sustaining (budget neutral) Program that safely and efficiently provides therapeutic cannabis to qualified individuals and their caregivers. Success will be measured by: Program efficiency and security, Program accessibility; and Program financial sustainability
STATUS		
<p>After a comprehensive and detailed review of applications in response to the RFA released 12/19/14, the Department selected three qualifying entities to begin the post-selection registration: Prime Alternative Treatment Centers of NH, Inc, Temescal Wellness, Inc, and Sanctuary ATC.</p> <p>On 11/25/15 the Department issued the first qualifying patient registry identification card. As of 01/28/16, 233 applications were received for qualifying patients and 14 for caregivers. The Department has issued 86 qualifying patient cards and 2 designated caregiver cards.</p> <p>On 10/23/15 changes to the ATC rules became effective allowing the Department to grant conditional registration certificates to cultivation centers in order to allow ATCs to begin growing therapeutic cannabis. On January 8, 2016, Sanctuary ATC was granted the first conditional registration certificate to operate its cultivation center. On January 22, 2016, Temescal Wellness, Inc., was granted a conditional registration certificate to operate its cultivation center. The third ATC, Prime Alternative Treatment Centers will not be ready for inspection until sometime in late February or early March.</p>		
TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
1 (R) Until ATC dispensaries are operational, qualifying patients have no legal access to therapeutic cannabis in NH	<i>RFA for ATCs Issued</i>	10/20/14
	<i>Registry Rules Adopted</i>	11/30/14
	<i>ATCs Selected</i>	01/23/15
2 (R) Litigation regarding ATC selection could delay implementation	<i>Inspection Program Established</i>	04/10/15
	<i>Begin Inspection of ATC Cultivation Sites</i>	09/27/15
3 (I) Level of effort and expertise required to administer and oversee this new, fee-funded program will continue to be a significant challenge for the Department	<i>Issuance of Registry ID Cards Begins</i>	11/15/15
	<i>1st ATC Conditionally Certified to Cultivate</i>	01/08/16
	<i>2nd ATC Conditionally Certified to Cultivate</i>	01/22/16
	<i>All ATCS certified and operational</i>	05/31/16

NHCAREPATH (BALANCING INCENTIVE PROGRAM)

DESCRIPTION	PURPOSE
DHHS in partnership with community organizations throughout the state, is leveraging the BIP to enhance and expand access to community-based long term care supports and services provided to individuals with behavioral health, physical and/or intellectual disabilities to increase expenditures for long term supports and services (LTSS) provided in community settings to be equal to or greater than expenditures for facility-based LTSS, Implement federally required infrastructure changes, and Enhance access to Medicaid long term community supports and services	<p>To create a single entry process which improves access to community long term supports and services by creating a standardized process where individuals receive the same information and assistance regardless of where they enter the system. States needed to implement three structural changes to qualify for BIP funds including:</p> <ol style="list-style-type: none"> 1 A No Wrong Door/Single Entry Process: State Governance, Public Outreach & Coordination w/ Key Referral Sources, Person Centered Counseling, Streamlined Medicaid application, eligibility determination and enrollment 2 Core Standardized Assessment 3 Conflict Free Case Management <p>These required goals were achieved incrementally from June 2012 through September 2015, with continuing enhancements through September 2017.</p>
STATUS	
<ul style="list-style-type: none"> • All required infrastructure deliverables are complete with ongoing enhancements exceeding federal requirements • Leveraging and coordinating Military Outreach & Education Initiatives • Sustainability final planning & implementation underway 	

DHHS Operating Statistics Dashboard – Selected Initiatives

TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
(R) Timely contracting and implementation of the Cisco Call Center enterprise system.	Outreach and Education Campaign	Thru 6/16
	Military, Service, Veterans and Family Initiatives	Thru 6/17
(R) Continued community involvement in standardizing and streamlining processes.	Step 2 Managed Care Training	Fall '15/Winter '16
	Online Learning Modules	Thru 6/16
(R) Continued program and funding support to sustain NWD/NHCarePath.	Incorporate eligibility coordination functions into DCS operations	Fall '16
	NHCarePath and ServiceLink websites developed, revamped & enhanced – turn over to DOIT underway	6/30/16
(I) State leadership and collaboration. Support of the Governor, implementation and ongoing oversight of the system, and a designated lead agency which continues to lead the overall NWD initiative.	Additional New HEIGHTS & NH EASY LTSS enhancements	Fall '17

FOOD PROTECTION - RESPONSE TO 2015 LEGISLATIVE BUDGET ASSISTANT PERFORMANCE AUDIT

DESCRIPTION	PURPOSE
The Division of Public Health Services (DPHS) Food Protection Section (FPS) underwent a performance audit by the NH Legislative Budget Assistant (LBA) over a 6 month period. Approximately 150 recommendations within 29 Observation categories were provided. The full report is available on the LBA website: http://www.gencourt.state.nh.us/LBA/AuditReports/	The purpose of the audit was to determine how efficient and effective the Food Protection Section was in preventing foodborne illness during State fiscal years 2013 and 2014.

STATUS

- A detailed tracking document created to log completion of steps and tasks that address audit findings
- DHHS Oversight subcommittee has had 3 meetings as of 1/28/16 to review current RSAs that are unclear, not aligned with DPHS rule/practice or not able to be implemented due to lack of program staff reductions and lack of capacity. RSAs related to audit Observations 2 & 8 Scope of Practice and 23, 19 & 9 Fees and subprogram costs have been reviewed with committee. Action items for RSA changes have been identified.
- Will develop list of recommended changes from Oversight subcommittee and file legislation in the SFY 17 session, followed by changes to rule and program practice.
- A second area of focus is on internal management practices which are being addressed either immediately or on a planned sequence track as time allows. Approximately 10 recommendations (not RSA related) have been implemented. Detailed quarterly progress report was provided to Fiscal Committee January meeting.
- The third major component of response to address the audit recommendations for practice improvement involves use of a more integrated data system that can track selected metrics for oversight and quality improvement. The FPS is completing the configuration of the new system working with a contracted vendor and expects to begin using this system to track and manage metrics in early 2016.

TOP ISSUES (I) & RISKS (R)	RECENT & UPCOMING MILESTONES	DATE
1 (I) Realistic alignment of law with FPS/state capacity	3 meetings w/ HHS Oversight subcommittee with substantial consensus on RSA revisions.	As of 1/28/16
2 (R) Could end with more work but not more capacity.	Oversight committee recognizes FPS capacity issues. May recommend adding inspectors in report.	1/28/16
3 (I) Setting program performance metrics	Committee will recommend more food inspection training from FPS of DHHS Facilities Licensing and DES – will collaborate with MHD to develop.	1/28/16
4 (R) New IT system delays	Contract with CHI for strategic planning anticipated by end of Feb – internal planning meeting held.	2/26/16
5 (I) Risk-based inspection matrix developed (R) only 1/3 of FDA recommended frequency due to staffing	Awaiting approval from finance office to activate vacant position. Critical to added oversight/mgt.	1/29/16
6 Oversight over self-inspecting towns	Need to review and if needed add action items to Oversight Committee meeting notes.	2/5/16
7 (I) Re-activate vacant position to improve capacity for inspections and oversight.	New Food Protection System Launch time extended.	5/1/16

STATE INNOVATION MODEL

DESCRIPTION		PURPOSE	
<p>Governor-sponsored CMS-funded project engaging a broad array of stakeholders through several workgroups and a Governor’s Advisory Board to develop a State Health Systems Innovation Plan (SHSIP, Innovation Plan) to improve the efficiency and effectiveness of health care delivery and improve local population health in New Hampshire.</p>		<p>The Innovation Plan will further define and identify steps to establish Regional Health Initiatives and develop the infrastructure for population health improvements and value-based health services reimbursement. The Centers will support health care delivery system transformation, improved health information exchange and care coordination, and local whole-person health improvement initiatives.</p>	
STATUS			
<ul style="list-style-type: none"> On January 29, 2016, DHHS successfully submitted the State Health Systems Innovation Plan to CMS for review and approval. The project has had broader stakeholder input from the GAB, work group member, community meetings and a community survey in formulating a comprehensive innovation plan. Over 1300 NH citizens participated in the plan development. 			
TOP ISSUES (I) & RISKS (R)		RECENT & UPCOMING MILESTONES	
			DATE
1	(R) Funding needed to execute on goals.	<i>Kick-off Stakeholder-Driven Planning Process</i>	9/17/15
2	(R) Need broad stakeholder and governor and legislative support for innovations.	Submit Quarterly Progress Report to CMS	11/30/15
		Submit Population Health Plan to CMS	TBD
		Complete Topical Workgroup Input to Plan	12/30/15
		Complete Broader Stakeholder Outreach	1/20/16
		Present Draft Innovation Plan to GAB	1/26/16
		Submit Final State Health Innovation Plan to CMS	1/31/16
		Final Project Report to CMS	4/30/16